CHAPTER 11 HEALTH BEHAVIORS

espite a continuous reduction in the childhood mortality rate and the preservation of a relatively high life expectancy, the health of Albanians is being threatened by an increasing rate of chronic diseases, including cancers and cardiovascular diseases, which now are by far the most frequent health problems, accounting for about 75% of the deaths occurring in the country. In addition to demographic changes, these health problems are associated with an increase in risky behaviors, concurrent with dramatic political, economic and social changes in the last two decades. Among these risky behaviors, of significant importance are smoking and alcohol use. In Albania, as in many other post-communist societies of the former Soviet Union and other former eastern bloc countries in Europe, these new challenges are not being addressed appropriately by the health system, which often fails to provide adequate prevention services and treatment. Such inadequate services include hypertension screening and cervical cancer screening.

Tobacco is a potent human carcinogen that has been shown to be related to a significant number of cancers of the respiratory and digestive tracts, bladder, cervix and kidney. Cigarette smoking accounts for 87% of lung cancer deaths and 30% of all cancer deaths. Smoking is also considered a major risk factor for diseases of the circulatory system including heart attacks, strokes and blood clots of the legs and lungs. In addition, smoking contributes to increasing rates of chronic diseases of the lung such as emphysema and chronic bronchitis (Difranza and Lew, 1996).

There are data indicating that tobacco use is increasing in Albania. The transition toward a market economy and the arrival of international tobacco companies are some of the background factors related to the increase in tobacco use. In Albania, after several years of legislative debate, there are still no laws protecting the health of the population from cigarette smoking. Although unpublished data drawn from limited surveys indicate a high prevalence of smoking among men and a growing prevalence among women, no populationbased data existed until the Albania RHS. In these limited surveys, the prevalence of smoking is reported to be increasing rapidly, starting from a very low level in the late 1980's. The prevalence of smoking may be rising most rapidly among young women in Eastern Europe; a recent worldwide review estimated that among women of reproductive age who smoked, 40% were young adults (Jha et al., 2002). Smoking poses specific risks to women in addition to lung cancer and cardiovascular diseases: it may increase both the risk of cervical cancer and risks, for older women, associated with taking contraceptive pills. It also affects women's reproductive health by increasing the risk for early menopause, miscarriage, and low birth weight babies.

Cancer is a leading cause of death in women in most countries around the world. Among reproductive system cancers, breast and cervical cancer are the most common. In many developed countries screening systems are in place, contributing to better control and better survival rates. This is especially true in the case of cervical cancer. In developing countries most cases are detected at an advanced and incurable stage. A low awareness among the population, lack of information and mistrust towards possible treatments and

a low priority for women's health issues adds to the lack of or inefficient screening services.

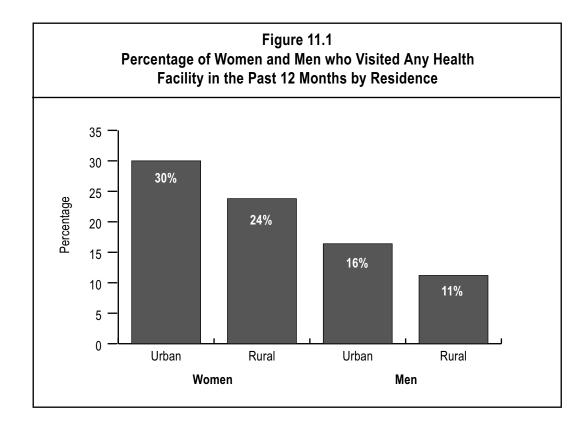
The Albania RHS provides information on the following specific health behaviors: health care seeking behavior, prevalence of routine gynecologic visits, cervical cancer screening, breast self-examination, fertility and pelvic inflammatory diseases and prevalence of tobacco and alcohol use. For some of these topics information is available for men too.

Use Of Health Care And Preventive Services

Patient's attitudes and behaviors regarding health care visits are important determinants of whether they receive routine counseling and screening, including hypertension screening and cervical and breast cancer screening. Recent data from Albania indicate a low use of health services by the population for both primary health care and secondary

health care. Tables 11.1A and B and Figure 11.1 present the proportions of Albanian women and men who have visited a health facility during the past 12 months. All the data are shown by selected characteristics of respondents.

Slightly more than one in four women (26%) of reproductive age has sought services at a health facility during the year before the survey. This indicator includes all kinds of visits: cases of preventive services. illness. planning, counseling and other health check ups. The proportion for men is much lower - almost the half of that of the women - indicating a less frequent use of health services by men of reproductive age. Women aged 25-34 years use the services more frequently than other age groups, especially when compared to those in the age group 15-19. This profile is influenced by an increase in the reproductive health related visits of women 25-34 years of age, as married



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women use health services approximately twice as much as never married women. Pregnancies and caring for their children is a factor which increases the use of health services by mothers. Interestingly, with two or more children, the use of services slightly starts to decrease. Use of services is weakly related to socioeconomic status but does not have any strong relationship to education or employment status. Women in urban areas visit health facilities around 25% more frequently than women of reproductive age living in rural areas (Figure 11.1). Women classified in the highest socioeconomic category use the health services 50% more than those of the lowest category.

The men's profile in the use of health care appears to have more of an age influence; it continues to increase by five-year age groups beginning at 30-34 until ages 45-49. The distribution of the health services utilization rate also increases as the number of live children increases.

Table 11.2A shows the proportion of women who have received counseling for family planning methods during their visits to health facilities by type of facility. Only 16% of women who have used the health services during the 12 months previous to the survey received any counseling for family planning methods, representing only 4% of all women. In Tirana, women receive more counseling for family planning than in other areas. Women of higher socioeconomic status, higher education level and those employed also have higher rates of counseling.

Women who use private clinics for their needs are more likely to be exposed to family planning information and counseling (21%), compared to those who use public services (16%). Although the number of women in the sample using

private clinics is small, the differences are more noteworthy for urban women, women 25-29, better educated women, high socioeconomic status and working women.

Although only 14% of men of reproductive age visited a health facility in the past 12 months, 83% received information or counseling regarding "control for pregnancy", which includes a partners maternal care, and 8% and 9% received information or counseling specifically on condoms and sexually transmitted infections, respectively (Table 11.2B). Counseling on condoms and STIs is highest for never married, 20-24 year old men, and those with no children.

The Albania RHS included questions about the reasons that may prevent women or men from getting medical advice or treatment for themselves. Questions on the specific problems shown in the Tables were asked of each respondent (Tables 11.3A and B). For both women and men the most important problem was financial: getting money needed for treatment prevented them from using health services (46% and 54%, respectively). Other factors for women included the need to go to the health services accompanied by someone (41%), and the distance to health facility (31%). For men, in addition to the distance (35%) was the fact that many among them did not know where to go (40%).

Prevalence Of Routine Gynecologic Visits Among Sexually Experienced Women

In the United States and Western Europe, it is generally recommended that women have a routine gynecologic examination every year after age 18, or even earlier if she has had sexual experience. In Albania, only 32% of sexually experienced

women report that they have ever had a routine gynecologic examination (Table 11.4) and this represents the lowest rate reported among similar surveys carried out in countries of Eastern Europe and the Caucasus region. In these countries this proportion ranges from 58% to 93% (CDC and ORC MACRO, 2003).

When asked about routine gynecologic examinations in the last year, only 16% of sexually experienced women sampled in the Albania RHS answered that they have had such an exam. Again, this rate is the lowest among rates reported in similar surveys. In Eastern Europe, this proportion ranges from 65% to 70%, and in the Caucasus region, from 22% in Azerbaijan to 30% in Georgia (CDC and ORC MACRO, 2003).

Living in urban areas, and especially in Tirana, increases the likelihood of having gynecological examinations routine and having them more frequently than women in rural areas (20% versus 14% during the last year). Given sample sizes, there are no significant differences by age groups. The proportion of overall examinations among women with post secondary education is around 44%, while among women with primary education or less it is only 28%. Employment may be also positively associated with the indicator. Distribution of the proportion among married, unmarried, and previously married women most probably reflects their age distribution.

When asked about the most important reason why they have never had a routine gynecological examination (for those women with sexually experience only), most of the respondents answered that they were healthy or there is no need to receive a gynecological exam. A very low proportion (2%) mentioned problems

related to the provider (Table 11.5). This reflects a very low awareness among women on the importance of cancer prevention and an information gap on the need for a routine gynecological examination. The low prevalence of routine gynecological exams could have a substantial negative effect on screening, counseling and health education. These findings raise the suggestion that much more effort must be made to modify general health beliefs and attitudes and to educate women about screening procedures and disease prevention. These efforts must be accompanied by other interventions aimed at increasing the access to and quality of services and better geographic coverage.

Breast Self Exam

According to registry data in Albania, breast cancer has increased 13.8/100,000 population in 1994 20.6/100,000 in 2003 (IHP, 2004). is generally accepted that secondary prevention for breast cancer has been proven to be effective. The aim of secondary prevention is to identify breast cancer, as early as possible, to increase the chances of survival after therapy. Examination of the breast may be as simple as a self examination but it also includes complicated procedures such as mammography, which for some populations might be not readily available or too expensive. A breast self exam is a very simple, self care procedure which can be performed by women by themselves and requires minimum training. Through a breast self exam, women can detect early changes in their breasts and then ask for further follow up by health specialists (Aubard Y et al., 2002; Rebentisch DP et al., 1995).

It was not the aim of the Albania RHS to evaluate any skills women might have

in applying a breast self-examination procedure. Questions were intended to explore the level of awareness about breast self exam and its prevalence. Only around half of the respondents have ever heard of the procedure and less than 10% have ever used it (Table 11.6). The level of awareness in the Albania RHS was higher in urban areas and among the employed; awareness levels also steadily increased with level of education. The rate was the lowest among women in the 15-19 age group.

Only 3.7% of women reported that they performed breast self-examination every month. Principal characteristics of these women were urban residency, higher level of education, employment, and ever having a routine gynecologic exam. The level of awareness and the utilization rate were always found to be higher among women who have received a routine gynecological examination. Nevertheless, more than 40% of these women (reporting at least one routine gynecological visit) were not aware about breast self examination, indicating a lack of counseling for this procedure by health professionals.

Cervical Cancer Screening

Risk factors for cervical cancer include early onset of sexual experience, a history of multiple sexual partners, smoking, HIV infection and infection with human papilloma virus. Every year, about 450, 000 new cases of cervical cancer are diagnosed all over the world (Parkin, et al, 1993). Age adjusted incidence rates range from 5 to 42 cases per 100,000 women with higher rates reported by developing countries. The cervical cancer proportional mortality is also much higher in developing countries. There are data

from developed countries showing that while the frequency of cervical cancer in situ is increasing, cervical cancer mortality continues to decrease. This decline was mostly attributed to cervical screening programs (Miller AB, 1986).

Cervical cancer is the fourth cause of female mortality from cancers in Albania. Reported cervical cancer incidence is lower than other European countries accounting for 12.8% of deaths in 2000. However, there is an increasing trend of incidence from 3.1/100.000 in 1994 to 5.3/100,000 in 2003 (IPH, 2004).

Screening programs for cervical cancer are based on the use of the papanicolaou smear test (Pap test), a procedure which makes possible early identification of premalignant changes in the cells of the cervix and allows early intervention. Evaluation research has shown that performing pap test screening every three years reduces the risk of developing invasive cancer by more than 91% (Miller AB, 1986). Yearly screening increases this proportion only by 2 percentage points (93%), while the pap test screening performed every five years has a success rate of about 84%. In many countries health authorities have set up screening programs where sexually active women, or those who are at least 18 years old, are invited to have the test at least once in every three years. Among those who are older than 65 years old who have been regularly screened with normal results can continue the periodical tests at a lower frequency.

In Albania, the pap test procedure is offered in some gynecological-obstetrical centers and private clinics in Tirana, but there is no organized screening program in place. The Albania RHS produced an estimate of the extent of cervical screening in the general population of women of reproductive age. The questionnaire included a series of questions for all respondents regarding their pap test history: "have you ever had a cervical smear test (papanicolaou screening test)?"; "if yes, when did you have your last cervical smear test?"; and for those who never had screening, "what is the main reason you have never had a pap test?"

As shown in Table 11.7, among sexually experienced women, the percentage of those who reported ever having a pap test is very low (3%); among the lowest when compared to some other Eastern European countries. The result is similar to that reported by the above mentioned Knowledge, Attitude, Beliefs, and Practice (KABP) survey (2%). Since the prevalence of the pap smear test is generally very low, there is not enough variation to analyze characteristics of women with and without a test.

Routine gynecological visits can be considered opportunities to educate patients about healthy lifestyle choices and to promote appropriate screenings for preventable diseases such as cervical cancer. The Albania RHS found that having performed a routine gynecological examination is somewhat associated with pap test screening; nevertheless, only 8% of women, who have ever had a routine gynecological exam had a pap test too.

The large majority of women (70%) answered that the main reason why they have never had a pap test was because they have never heard of it (Table 11.8). The figure is very high and indicates that a serious information gap exists. This proportion is more than two times higher

when compared to countries such as Romania, Moldova and Georgia, where the proportion of non-awareness ranges from 23% to 39%. Only in Azerbaijan is the proportion of women who never heard of the pap test slightly higher. Even 60% of women who have had a routine gynecologic exam have never heard of a pap smear.

Women of Tirana and, to some extent, those in other urban areas seem to be more informed about the pap test, compared to women living in rural areas. Only 48% in Tirana and 62% in other urban areas answered that they have never heard of the procedure. In rural areas this proportion increases to more than 80%. Education is also an important factor that influences the awareness of women about the pap test; only 33% of women with postsecondary education have never heard of it compared with more than 60% of other women. Employment is also positively associated with having heard of the pap test..

Apart from the 70% of women in the sample who have never heard of the test, another 13% answered that they were healthy and that they do not have gynecological problems. Another 10% of women answered that they have never been recommended to have the pap test by their physician.

These results clearly show the critical need for appropriate and sustained educational programs for general screening procedures in Albania. There is also a need for increasing the awareness of health professionals about the importance of screening for cervical cancer, and improving their practices when examining women of reproductive age.

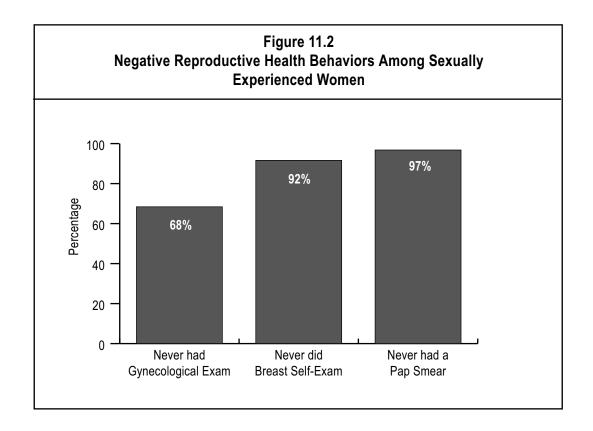


Figure 11.2 is a stark demonstration of the need for preventive health behaviors among Albanian women.

Prevalence Of Selected Health Problems

In this section prevalence estimates are given for selected health problems (based on having been told by a physician that they have the problem) among women and men in Albania. For women these health problems include pelvic inflammatory disease (infection of the tubes of the uterus), anemia, high blood pressure, Pelvic inflammatory and diabetes. disease was investigated only among women 15-44 years who have had sexual experience. Diabetes and high blood pressure prevalence was studied among men 15-49 years of age. Apart from these health problems, men were also asked about two other conditions: hepatitis B and heart disease

As mentioned above, to calculate the reported prevalence among the sample participants, only those who have been diagnosed by a doctor about the selected conditions were considered "positive". The question was formulated as follows: "has a doctor ever told you that you have had (selected health problem)?". This was the only way to standardize the answers of the respondents and to avoid maximizing the bias. On the other hand, the results extracted from the survey should be taken cautiously as they might be highly influenced by several factors, mainly the health seeking behavior of the different groups of the population. Furthermore, they do not reflect the current health status of the population. In general, the prevalence presented here are to be considered as minimums, as only the conditions already diagnosed and reported to the patient by a health professional are included. Generally, as seen in Tables 11.9A and B, the level

of self reporting of medical conditions in the sample was relatively low.

The prevalence of diagnosed pelvic inflammatory disease among sexually experienced women in Albania seems to be the lowest among countries having similar data. In selected countries of Eastern Europe and the Caucasus this prevalence ranges from 17% to 44% (CDC and ORC MACRO, 20034). In the Albania RHS it is around 11%.

Reported pelvic inflammatory disease is slightly higher in Tirana, it increases with age (until age 35-39 years), it is slightly lower among women with postsecondary education and it is, comparatively, very high among previously married women (about 7 times higher than never married women and almost 2 times higher than married women)

Diagnosed anemia has the highest prevalence among selected conditions included in the survey; almost 12% of women of reproductive health reported to have been told at least once by a doctor that they have this health problem. Nevertheless, this level remains lower than most of the other countries mentioned before. It is only higher than the prevalence reported by the survey carried out in Georgia. The distribution of self reported prevalence of anemia among selected categories of the Albanian population follows the same profile as the levels of pelvic inflammatory disease.

High blood pressure is the third condition most frequently reported (8.4%) and it is only slightly lower than that of Georgia, Romania and Moldova. Self reported high blood pressure in Albanian women increases with age; it is higher among previously married women and slightly higher among women living in rural areas; this later result might reflect the previously discussed distribution of high blood pressure during pregnancy.

The self reported high blood pressure among men of reproductive age is much lower then that of women and may be reflecting the lower utilization of health services by men, compared with women. Prevalence of heart disease among men 15-49 years of age is reported to be only 2% and it increases with age to reach a level of more than 8% among the age group 45-49.

The prevalence of self reported diagnosed diabetes in the total female sample is only 0.6%. Among men the level is 1.3%. The low prevalence does not allow the differences to be analyzed; however they are quite comparable to the prevalence produced in similar surveys in Romania, Moldova and Georgia (range 0.5%-1.1%).

Self-reported diagnosis of hepatitis B is at relatively high levels among men of reproductive age (6.1%). This level, as mentioned before, should be considered a minimum. In all the cases for women the most strongly associated factor associated with the rate of self reported conditions was the routine gynecological examination. For pelvic inflammatory diseases it was almost 20 times higher among those who had ever had a routine visit, for anemia the ratio was 2.7 times higher, and for high blood pressure 2.3 times higher.

Impaired Fecundity

The term "impaired fecundity" in this section refers to a couple's impaired ability to conceive or maintain pregnancy either because of a known medical condition or because of an absence of conception after at least 2 years of exposure to unprotected intercourse. The aim of the module in the questionnaire was to assess the levels of

infertility in the country and document existing reproductive health services for women with impaired fecundity.

In Eastern Europe, infertility is often cited as a reproductive health problem, given dramatic declines in fertility, widespread use of abortion, increase in sexually transmitted infections, pelvic inflammatory diseases and deficient health infrastructure. There are no reliable data from Albania regarding this issue, apart from media reports responding to public interest and utilization of specialized services.

The questionnaire included questions for married women about receiving any medical help or using any infertility services. Table 11.10 presents three indicators: proportion of those currently married women who report that they have had impaired fecundity, the proportion of those with current impaired fecundity, and the proportion of those who had ever been to a health professional for help to become pregnant. The proportion of women who have been seeking medical help to become pregnant is slightly higher than that of women who are classified as ever having had impaired fecundity; 6.5% versus 4.7%. The proportion of current impaired fecundity is much lower; only 1.4%. The results of the Albania RHS are lower than those in the survey carried out in Azerbaijan (ever had impaired fecundity - 10%), where the module of fecundity impairment was applied for the first time in 2001 (Serbanescu et al., 2003).

In Tirana, but not in other urban areas, the level of impaired fecundity seems to be higher than in rural areas. This is especially noted in the case of the third indicator — proportion of women that have ever been to a doctor to seek help to become pregnant. There is no clear trend

observed in the rate of impaired fecundity related to age.

Number of lifetime partners might increase the likelihood of women seeking help from a health professional to become pregnant; women with a total number of two or more partners in their lives reported a rate almost two times higher compared to women with only one lifetime partner. But the numbers of women with two or more lifetime partners are too small to show any statistical significance.

A routine gynecological exam is the strongest factor associated with reported impaired fecundity; it is positively associated with ever having experienced impaired fecundity or ever seeking medical help for the problem more than 6 times. The risk of currently having impaired fecundity is even more strongly associated; it is more than 9 times higher among those who have never had a routine gynecological visit.

The questionnaire included a question about the diagnoses associated with fertility impairment that a doctor told the woman during her clinical visits for fecundity impairment (Table 11.11). Among married women in the sample who have ever sought help for increasing their chances of pregnancy, 42% of them were diagnosed by a doctor with ovulation problems. Three other types of problems diagnosed by the doctor were endometriosis (14%), sperm problems (12%) and blocked tubes (10%). Some 28% of women remained without diagnoses for their fecundity impairment. The numbers are too small to find statistical differences but there seems to be some possible trends. Ovulation problems are more frequent among women of older ages and endometriosis is particularly higher among the 20-24 year age group, while blocked tubes were reported more frequently by younger women of ages 15-19 years old. Women of lower education status are more likely to have endometriosis (and to some extent blocked tubes) as a cause of their impaired fecundity, than women of higher education status. In this latter category, sperm problems were more frequently reported than in the lower education status category. Among working women, endometriosis and blocked tubes were found in much lower proportions than among not working women. However, working women reported sperm problems twice as frequently as women who do not work, as a diagnosis of their impaired fecundity. A routine gynecological exam was associated only with the "blocked tubes" diagnosis, and this diagnosis was reported three times more by those women who have had at least one routine gynecological visit.

Smoking And Alcohol Consumption

Smoking

As mentioned previously, the Albania RHS is the first population-based study to produce data on prevalence of cigarette smoking and alcohol. The questionnaire included several questions for estimating cigarette smoking prevalence among women and men of reproductive age in Albania.

Tables 11.12A and B show the status of cigarette smoking for selected respondent characteristics. Although the proportion of women who have ever smoked any quantities of tobacco, is around 16%, only 4% of them report having smoked at least 100 cigarettes in their lives and slightly less (3%) reported smoking during the last 30 days. The prevalence is much lower than that reported by similar surveys in Eastern European countries such as Romania, Czech Republic, Russia, Ukraine (rates ranging from 19 to 30%), but is similar to

the rates of the Caucasus region (1%-6%) (CDC and ORC MACRO, 2004).

The demonstrates a trend of increasing prevalence of cigarette use from rural areas to urban areas, Tirana having the highest rate. Rates of cigarette smoking seem to be highest among women of higher socioeconomic status, those with higher education, and those who work. Previously married women seem to be exposed to a higher risk too.

The proportion of men who currently smoke is much higher (46%) and there are 58% who have ever tried to smoke. These figures are comparable to those of most of the Eastern European countries. All the social categories of men have higher rates of cigarette smoking but some differences are either too small or inconsistent. It indicates that even if those men with higher socioeconomic and higher status do not smoke more than others, they still smoke at least as much as the lower social and education categories.

Smoking increases with age. There are slightly less than 10% of teenagers who currently smoke and more than one in four among them have tried at least once to start smoking.

Alcohol drinking

There are four percent of women of reproductive age in the RHS sample who can be classified as frequent drinkers (they drink alcohol beverages every day or almost every day). More than one in three women has had some quantities of alcohol during the past three months, but the majority of them drink only occasionally; 25% drink alcohol once or twice a week and 29% drink 2-3 times a month. Table 11.13A demonstrates a consistent tendency; women of urban areas, women

with higher levels of education, higher socioeconomic status and those who work seem to drink more frequently. This profile indicates higher access of these categories to alcohol beverages and probably more frequent "social drinking" among them. Age does not seem to play an important role in drinking habits for women.

Among men, reported alcohol drinking is much more frequent than among women. More than 60% of men have

used alcohol during the past three months and 41% of them drink every day or almost every day (Table 11.13B). All categories have high rates of drinking. Men 15-24 yeas of age seem to drink slightly less frequently than older age groups, but, almost one in five men of age 15-24 years is a frequent drinker. Working men seem to drink more frequently than those who do not work, indicating the same social phenomena observed among women. Other trends, nevertheless, are not as consistent as among women.

Table 11.1 A Percentage Visiting Any Health Facility* in the Past 12 Months, by Selected Characteristics Women Aged 15-44 Years Reproductive Health Survey: Albania 2002

	Visited Health Facility - Past 12 Months							
Characteristics	Yes	No	Total	No. of Cases				
Total	26.4	73.6	100.0	5,697				
Strata								
Metro Tirana	32.3	67.7	100.0	2,108				
Other Urban	28.4	71.6	100.0	1,816				
Other Rural	23.6	76.4	100.0	1,773				
Residence								
Urban	30.0	70.0	100.0	3,572				
Rural	23.8	76.2	100.0	2,125				
Age Group								
15-19	17.5	82.5	100.0	1,094				
20-24	25.8	74.2	100.0	936				
25-29	33.3	66.7	100.0	946				
30-34	31.3	68.7	100.0	1,067				
35-39	28.9	71.1	100.0	958				
40-44	24.8	75.2	100.0	696				
Marital Status								
Married	31.5	68.5	100.0	3,965				
Previously Married	29.7	70.3	100.0	88				
Never Married	16.2	83.8	100.0	1,644				
Live Children								
0	19.7	80.3	100.0	1,943				
1	36.9	63.1	100.0	828				
2	28.7	71.3	100.0	1,840				
3 +	29.0	71.0	100.0	1,086				
Education Level								
Primary or Less	25.6	74.4	100.0	2,519				
Secondary Incomplete	22.5	77.5	100.0	653				
Secondary Complete	27.9	72.1	100.0	1,830				
Post-Secondary	31.6	68.4	100.0	695				
Socioeconomic Index								
Low	23.2	76.8	100.0	1,940				
Medium	27.7	72.3	100.0	2,985				
High	35.4	64.6	100.0	772				
Employment								
Working	29.9	70.1	100.0	1,118				
Not Working	25.8	74.2	100.0	4,579				

^{*} Includes preventive services, family planning, counseling and health check ups

Table 11.1 B
Percentage Visiting Any Health Facility* in the Past 12 Months,
by Selected Characteristics, among Men Aged 15-49 Years
Reproductive Health Survey: Albania 2002

	Visited Health Facility - Past 12 Months						
Observatoristics	V	N.	T-4-1	No. of			
Characteristics	Yes	No	Total	Cases			
Total	13.6	86.4	100.0	1,740			
Strata							
Metro Tirana	11.2	88.8	100.0	718			
Other Urban	19.0	81.0	100.0	547			
Other Rural	11.3	88.7	100.0	475			
Residence							
Urban	16.4	83.6	100.0	1,155			
Rural	11.2	88.8	100.0	585			
Age Group							
15-19	8.5	91.5	100.0	401			
20-24	9.1	90.9	100.0	189			
25-29	7.0	93.0	100.0	218			
30-34	11.7	88.3	100.0	253			
35-39	13.1	86.9	100.0	255			
40-44	27.0	73.0	100.0	277			
45-49	21.7	78.3	100.0	147			
Marital Status							
Married	16.6	83.4	100.0	1,023			
Previously Married	**	**	**	14			
Never Married	9.1	90.9	100.0	703			
Live Children							
0	9.7	90.3	100.0	815			
1	10.7	89.3	100.0	221			
2	17.1	82.9	100.0	468			
3 +	20.5	79.5	100.0	236			
Education Level							
Primary or Less	13.1	86.9	100.0	689			
Secondary Incomplete	8.3	91.7	100.0	199			
Secondary Complete	15.4	84.6	100.0	626			
Post-Secondary	14.5	85.5	100.0	226			
Socioeconomic Index		- 3.0					
Low	15.2	84.8	100.0	638			
Medium	11.2	88.8	100.0	814			
High	16.0	84.0	100.0	288			
•	10.0	UT.U	100.0	200			
Employment	1 <i>E</i> 0	0/1.0	100.0	042			
Working	15.8	84.2	100.0	913			
Not Working * Includes preventive services, famil	11.5	88.5	100.0	827			

^{*} Includes preventive services, family planning, counseling and health check ups.

^{**} Percentages are not shown when base is less than 25 cases.

Table 11.2 A

Percentage of Women Who Visited a Health Facility in the Past 12 Months
That Received Counseling For Family Planning Methods
by Type of Facility and Selected Characteristics,
Women Aged 15-44 Years

Reproductive Health Survey: Albania 2002

	A m.v.	Facility		Govt. Clinic/ Hospital		Private Clinic/ Hospital	
	Ally	Facility No. of	по	No. of	по	No. of	
Characteristics	%	Cases	%	Cases	%	Cases	
Total	16.0	1,639	15.7	1,347	21.2	375	
Strata							
Metro Tirana	20.3	693	19.0	524	22.9	219	
Other Urban	15.6	521	14.0	441	24.4	101	
Other Rural	14.6	425	15.6	382	16.3	55	
Residence							
Urban	17.4	1,112	15.7	884	24.3	290	
Rural	14.8	527	15.6	463	16.0	85	
Age Group							
15-19	9.7	204	8.8	170	14.1	50	
20-24	21.4	267	20.9	207	23.6	75	
25-29	18.2	334	17.8	265	28.6	81	
30-34	16.6	356	16.8	300	16.5	69	
35-39	16.6	284	16.6	239	19.0	64	
40-44	11.6	194	11.0	166	22.4	36	
Marital Status							
Married	18.7	1,325	18.6	1,097	24.2	290	
Previously Married	8.5	26	**	20	**	7	
Never Married	6.6	288	5.1	230	12.6	78	
Live Children							
0	10.7	422	9.2	321	17.7	131	
1	23.9	326	24.7	266	26.0	80	
2	18.3	570	17.7	466	27.1	130	
3 +	13.7	321	14.2	294	8.5	34	
Education Level							
Primary or Less	14.3	682	14.3	596	17.0	107	
Secondary Incomplete	12.7	156	13.1	128	7.9	38	
Secondary Complete	18.1	555	17.6	459	28.6	119	
Post-Secondary	22.5	246	20.5	164	26.5	111	
Socioeconomic Index							
Low	10.5	487	11.2	435	11.5	64	
Medium	18.2	867	18.0	721	22.3	192	
High	24.5	285	21.4	191	29.5	119	
Employment							
Working	21.1	358	20.4	271	27.5	112	
Not Working	15.0	1,281	14.8	1,076	18.8	263	

^{**} Percentages are not shown when base is less than 25 cases

Table 11.2 B
Percentage of Men Aged 15-49 Years Who Visited a Health Facility in Past 12 Months

That Received information/Counseling on Selected Topics, By Selected Characteristics

Reproductive Health Survey: Albania 2002

Characteristics	Condoms	STD	Control for Pregnancy	No. of Cases
Total	8.0	8.9	82.6	240
Strata				
Metro Tirana	7.5	8.3	80.7	79
Other Urban	9.2	12.9	87.6	103
Other Rural	7.0	5.1	78.3	58
Residence				
Urban	9.0	11.7	85.4	171
Rural	6.7	5.3	78.9	69
Age Group				
15-24	18.2	12.1	81.4	51
25-39	11.0	16.9	90.4	86
40-49	1.1	1.9	77.7	103
Marital Status				
Married	5.8	7.8	81.8	173
Previously Married	**	**	**	1
Never Married	14.3	11.4	84.7	66
Live Children				
0	20.6	19.5	84.3	82
1-2	3.2	6.4	86.6	108
3 +	0.0	0.0	74.6	50
Education Level				
Primary or Less	4.7	3.8	81.9	92
Secondary	8.0	9.8	82.6	115
Post-Secondary	23.4	29.7	85.8	33
Socioeconomic Index				
Low	6.2	7.0	75.6	101
Medium	10.9	11.8	87.4	99
High	7.2	9.0	98.6	40
Employment				
Working	7.3	7.9	83.1	146
Not Working	8.9	10.2	81.9	94

 $^{^{\}star\star}$ Percentages are not shown when base is less than 25 cases

Table 11.3 A
Percentage Agreeing that Selected Factors May Be a Major Problem
Preventing Women From Getting Medical Advice or Treatment for Themselves,
by Selected Characteristics, among Women Aged 15-44 Years
Reproductive Health Survey: Albania 2002

Characteristics	Getting Money Needed for Treatment	Not Wanting to Go Alone	Distance to the Health Facility	Concern There May Not Be a Female Health Provider	Having to Take Transport	Knowing Where to Go	Getting Permission to Go	No. of Cases
Total	46.3	41.3	30.9	27.1	22.6	20.0	19.2	5,697
Strata								
Metro Tirana	34.8	29.2	13.8	16.1	8.5	15.0	13.2	2,108
Other Urban	36.9	29.4	9.4	18.3	5.0	12.2	10.3	1,816
Other Rural	54.7	51.3	47.6	35.1	36.2	25.6	25.8	1,773
Residence								
Urban	35.9	28.8	9.8	17.5	5.5	12.8	10.7	3,572
Rural	54.1	50.6	46.7	34.2	35.3	25.4	25.6	2,125
Age Group								
15-19	45.0	60.5	33.0	46.9	25.3	27.5	30.6	1,094
20-24	44.8	46.8	33.5	30.3	22.1	20.7	20.1	936
25-29	46.1	42.2	29.3	24.9	21.1	17.8	17.8	946
30-34	43.8	31.5	27.6	18.8	19.0	17.2	15.4	1,067
35-39	48.6	29.6	28.3	15.6	19.5	15.5	13.3	958
40-44	50.1	29.5	33.1	18.6	27.6	18.6	13.8	696
Marital Status								
Married	46.6	33.9	29.3	19.5	21.0	17.2	16.7	3,965
Previously Married	50.2	36.5	31.6	19.4	18.5	18.1	4.9	88
Never Married	45.4	56.2	34.1	42.7	25.8	25.6	25.1	1,644
Live Children								
0	44.3	54.1	32.8	40.8	24.5	24.6	24.4	1,943
1	42.6	38.7	23.9	20.0	15.9	15.3	16.9	828
2	42.7	29.8	25.1	16.2	16.6	15.8	13.3	1,840
3 +	56.1	35.0	38.8	21.0	30.3	19.9	18.8	1,086
Education Level								
Primary or Less	55.9	50.1	43.9	33.8	32.8	25.9	26.2	2,519
Secondary Incomplete	38.6	41.3	18.2	28.2	10.9	17.4	17.3	653
Secondary Complete	38.4	30.4	17.6	18.0	12.3	13.5	11.0	1,830
Post-Secondary	18.7	19.8	6.3	12.0	4.3	6.1	2.8	695
Socioeconomic Index								
Low	64.5	50.9	50.5	36.1	39.0	27.0	28.5	1,940
Medium	35.2	35.4	18.5	21.3	11.8	15.5	13.3	2,985
High	19.0	27.2	5.6	15.6	3.1	11.1	7.3	772
Employment								
Working	29.9	23.3	13.5	12.9	9.9	13.3	8.8	1,118
Not Working	49.2	44.5	34.1	29.6	24.8	21.2	21.1	4,579
Religion								
Muslim	47.3	41.1	32.5	26.5	24.0	19.3	20.3	4,568
Orthodox	34.1	32.2	17.0	19.6	10.5	14.7	8.4	531
Catholic	49.1	50.1	31.6	37.2	22.2	28.9	20.0	530
Other/Undeclared	22.7	22.6	9.9	17.2	4.7	10.2	8.0	68

Table 11.3 B

Percentage Agreeing that Selected Factors May Be a Major Problem Preventing Men From Getting Medical Advice or Treatment for Themselves, by Selected Characteristics, among Men Aged 15-49 Years

Reproductive Health Survey: Albania 2002

Characteristics	Getting Money Needed for Treatment	Knowing Where to Go	Distance to the Health Facility	Having to Take Transport	Concern There May not Be a Male Health Provider	No. of Cases
Total	54.1	40.4	34.8	30.1	20.7	1,740
Strata						·
Metro Tirana	35.6	27.7	12.9	11.2	16.4	718
Other Urban	45.5	28.4	11.0	8.2	11.9	547
Other Rural	66.4	52.5	57.6	50.6	27.5	475
Residence						
Urban	40.6	27.1	10.4	8.2	12.9	1,155
Rural	65.7	52.0	56.0	49.2	27.4	585
Age Group						
15-19	61.9	49.4	36.7	34.0	24.2	401
20-24	48.7	38.5	37.2	31.2	18.0	189
25-29	45.7	35.4	34.2	27.1	15.1	218
30-34	47.6	33.8	29.6	24.3	17.9	253
35-39	59.2	44.0	38.5	35.2	29.4	255
40-44	52.6	37.7	33.6	26.5	17.2	277
45-49	60.8	40.7	32.7	31.1	21.6	147
Marital Status						
Married	55.3	40.3	36.0	30.1	21.5	1,023
Previously Married	**	**	**	**	**	14
Never Married	52.3	40.3	33.0	30.2	19.1	703
Live Children						
0	50.5	39.3	32.6	28.8	18.7	815
1	47.4	35.6	30.1	24.5	18.8	221
2	54.0	41.0	29.9	24.6	21.4	468
3+	67.3	45.4	50.1	44.5	25.8	236
Education Level						
Primary or Less	63.8	49.7	48.8	41.9	28.3	689
Secondary Incomplete	52.5	42.6	24.1	21.4	15.4	199
Secondary Complete	47.1	32.8	24.8	21.3	15.2	626
Post-Secondary	29.5	17.3	8.2	9.0	5.1	226
Socioeconomic Index						
Low	65.0	47.2	48.9	43.5	27.7	638
Medium	49.4	38.8	26.8	21.9	16.1	814
High	23.9	16.4	4.2	3.0	7.3	288
Employment						
Working	44.9	29.3	25.8	22.1	14.2	913
Not Working	62.9	51.1	43.5	37.9	26.8	827
Religion						
Muslim	57.4	44.1	39.4	33.8	22.7	1,422
Orthodox	36.9	15.1	6.5	8.6	5.6	181
Catholic	31.6	28.0	15.9	11.7	9.1	76
Other/Undeclared ** Percentages are not show	41.7	27.4	15.8	16.3	24.6	61

^{**} Percentages are not shown when base is less than 25 cases

Table 11.4

Time since Last Routine Gynecologic Examination by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse Reproductive Health Survey: Albania 2002

	Time of Last Routine Gynecologic Examination (Percent Distribution)								
Characteristics	Within Past Year	Within 1-3 Years	> 3 Yrs. Ago	Never Had	Don't Know	Total	No. of Cases		
Total	16.4	9.2	5.6	68.5	0.4	100.0	4,258		
Strata									
Metro Tirana	22.5	10.5	4.7	61.3	1.0	100.0	1,618		
Other Urban	17.7	11.1	7.0	64.0	0.3	100.0	1,379		
Other Rural	13.7	7.6	5.0	73.4	0.3	100.0	1,261		
Residence									
Urban	19.7	11.0	6.2	62.6	0.6	100.0	2,734		
Rural	13.7	7.7	5.1	73.3	0.3	100.0	1,524		
Age Group									
15-19	19.3	1.9	1.1	77.8	0.0	100.0	165		
20-24	17.0	10.6	1.1	70.8	0.4	100.0	583		
25-29	17.9	10.3	3.3	68.3	0.2	100.0	864		
30-34	17.6	9.5	5.4	66.9	0.6	100.0	1,026		
35-39	17.2	8.7	7.0	66.9	0.3	100.0	940		
40-44	11.9	8.8	10.0	68.7	0.6	100.0	680		
Marital Status									
Married	16.3	9.1	5.7	68.6	0.4	100.0	3,965		
Previously Married	13.1	14.6	8.2	63.2	1.0	100.0	88		
Never Married	20.8	6.1	1.1	71.1	0.9	100.0	205		
Education Level									
Primary or Less	15.0	7.7	4.8	72.1	0.4	100.0	1,894		
Secondary Incomplete	22.9	10.0	4.7	62.2	0.1	100.0	272		
Secondary Complete	16.0	10.0	6.8	66.7	0.5	100.0	1,568		
Post-Secondary	22.0	14.9	6.4	56.3	0.3	100.0	524		
Employment									
Working	19.4	13.0	7.0	59.9	8.0	100.0	957		
Not Working	15.7	8.3	5.2	70.4	0.3	100.0	3,301		

Table 11.5

Most Important Reason That Women Have Never Had a Routine Gynecologic Exam, by Selected Characteristics, among Women Aged 15-44 Years Who
Have Ever Had Sexual Intercourse
Reproductive Health Survey: Albania 2002

	Most Important Reason Never Had a Routine Gynecologic Exam (Percent Distribution)							
Characteristics	She is Healthy and Has Not Had Gynecologic Problems	Do Not Need To Get a Gynecologic Exam	Respondent Problems *	Provider Problems	Cannot Afford the Cost	Don't Know	Total	No. of Cases
Total	48.4	41.9	6.0	2.0	1.4	0.3	100.0	2,791
Strata								
Metro Tirana	47.4	44.8	4.5	1.8	1.3	0.1	100.0	996
Other Urban	51.1	42.1	5.0	1.0	0.7	0.1	100.0	878
Other Rural	47.3	41.1	6.9	2.6	1.7	0.5	100.0	917
Residence								
Urban	49.3	43.6	4.9	1.2	8.0	0.1	100.0	1,691
Rural	47.8	40.8	6.7	2.6	1.8	0.4	100.0	1,100
Age Group								
15-19	36.3	57.5	0.5	4.3	1.4	0.0	100.0	124
20-24	49.2	42.1	4.7	3.8	0.0	0.1	100.0	400
25-29	48.5	44.9	4.1	0.9	1.2	0.4	100.0	558
30-34	47.5	42.3	6.7	1.4	1.8	0.2	100.0	660
35-39	48.6	41.1	6.2	2.5	1.2	0.5	100.0	617
40-44	51.2	36.2	8.8	1.5	2.1	0.3	100.0	432
Marital Status								
Married	48.8	41.4	6.1	1.9	1.4	0.3	100.0	2,598
Previously Married	40.5	42.9	10.0	5.8	0.7	0.0	100.0	57
Never Married	43.9	53.7	0.2	2.2	0.0	0.0	100.0	136
Education Level								
Primary or Less	46.7	40.8	7.1	2.8	2.1	0.5	100.0	1,331
Secondary Incomplete	48.0	46.6	4.5	0.5	0.5	0.0	100.0	170
Secondary Complete	50.8	43.0	4.7	0.9	0.5	0.0	100.0	1,008
Post-Secondary	52.3	42.6	3.3	1.5	0.2	0.0	100.0	282
Employment								
Working	49.7	42.2	4.7	2.6	0.8	0.0	100.0	567
Not Working	48.2	41.9	6.2	1.9	1.5	0.4	100.0	2,224

^{*} Includes no time to go for exam, she forgets about it, does not like exam, and she never thought about it.

^{**} Difficult to get appointment, does not like facility, is embarrassed to have a gynecologic exam, does not know where to go, and doctor never recommended

Table 11.6 Percentage with Awareness of Breast Self-Examination (BSE) and Frequency of BSE, by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse Reproductive Health Survey: Albania 2002

	Awareness		Frequen	cy of BSE (Perce	nt Distribu	ution)	
Characteristics	Total	Every Month	Every 2-5 Months	1-2 Times Per Year or Less	Never	Total	No. of Cases
Total	51.9	3.7	1.4	3.3	91.6	100.0	4,258
Strata							
Metro Tirana	61.8	5.7	2.2	5.6	86.5	100.0	1,618
Other Urban	63.1	5.1	1.6	4.2	89.1	100.0	1,379
Other Rural	42.2	2.2	1.1	2.0	94.7	100.0	1,261
Residence							
Urban	63.4	5.5	1.9	4.9	87.7	100.0	2,734
Rural	42.5	2.2	1.0	2.0	94.8	100.0	1,524
Age Group							
15-19	31.6	2.5	0.3	1.8	95.4	100.0	165
20-24	43.8	2.6	0.6	1.8	95.0	100.0	583
25-29	51.6	5.9	1.2	4.1	88.7	100.0	864
30-34	56.8	3.7	1.6	4.5	90.3	100.0	1,026
35-39	56.8	3.4	1.5	3.2	91.9	100.0	940
40-44	51.5	2.9	2.0	2.9	92.2	100.0	680
Marital Status							
Married	51.7	3.5	1.4	3.2	91.9	100.0	3,965
Previously Married	57.7	2.0	0.7	5.7	91.6	100.0	88
Never Married	53.1	8.8	1.8	4.7	84.7	100.0	205
Education Level							
Primary or Less	39.7	1.5	0.9	1.8	95.8	100.0	1,894
Secondary Incomplete	57.8	3.9	1.1	0.7	94.2	100.0	272
Secondary Complete	64.8	5.0	1.7	4.8	88.5	100.0	1,568
Post-Secondary	78.7	13.0	3.6	9.6	73.8	100.0	524
Employment							
Working	71.3	7.6	2.6	6.7	83.1	100.0	957
Not Working	47.6	2.8	1.1	2.6	93.5	100.0	3,301
Routine Gynecologic Exam	1						
Ever	57.6	5.1	2.6	5.2	87.1	100.0	1,467
Never	49.3	3.0	0.9	2.4	93.6	100.0	2,791

Table 11.7
Frequency of Cervical Cancer Screening by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse Reproductive Health Survey: Albania 2002

	Frequency of Cervical Cancer Screening Test (Percent Distribution)								
Characteristics	Within Past Year	1-3 Years Ago	> 3 Years Ago	Never Had	Total	No. of Cases			
Total	1.5	1.2	0.5	96.8	100.0	4,258			
Strata									
Metro Tirana	3.3	1.8	1.0	93.9	100.0	1,618			
Other Urban	2.1	1.6	0.5	95.9	100.0	1,379			
Other Rural	0.6	8.0	0.3	98.2	100.0	1,261			
Residence									
Urban	2.6	1.7	0.7	95.1	100.0	2,734			
Rural	0.7	0.8	0.3	98.2	100.0	1,524			
Age Group									
15-19	0.3	0.0	0.0	99.7	100.0	165			
20-24	1.5	1.5	0.2	96.8	100.0	583			
25-29	1.5	0.6	0.3	97.6	100.0	864			
30-34	1.8	1.0	0.6	96.6	100.0	1,026			
35-39	1.3	2.1	0.8	95.8	100.0	940			
40-44	1.7	1.2	0.4	96.7	100.0	680			
Marital Status									
Married	1.5	1.2	0.4	96.9	100.0	3,965			
Previously Married	3.7	1.8	2.6	91.9	100.0	88			
Never Married	1.0	0.8	0.9	97.2	100.0	205			
Education Level									
Primary or Less	0.9	0.7	0.2	98.1	100.0	1,894			
Secondary Incomplete	1.3	0.3	0.6	97.8	100.0	272			
Secondary Complete	1.9	1.6	0.6	95.9	100.0	1,568			
Post-Secondary	3.8	3.7	1.3	91.2	100.0	524			
Employment									
Working	2.8	2.0	1.2	94.1	100.0	957			
Not Working	1.2	1.1	0.3	97.4	100.0	3,301			
Routine Gynecologic Exam									
Ever	3.7	2.9	1.3	92.1	100.0	1,467			
Never	0.5	0.5	0.1	98.9	100.0	2,791			

Never

Table 11.8

Main Reason that Women Have Never Had a Pap Smear, by Selected Characteristics, among Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse Reproductive Health Survey: Albania 2002

Reason Never Had a Pap Smear (Percent Distribution) She is Healthy and **Doctor** She Does Has Not Had Never Never Not Feel Other Not Heard Gynecologic Recom-Test is Personal Sexually Don't No. of **Characteristics** mended It Necessary Reasons Active of It **Problems** Know Total Cases Total 69.8 12.8 9.4 2.9 0.6 100.0 4.3 0.3 4.074 Strata Metro Tirana 47.9 24.5 15.2 7.6 3.4 0.9 0.5 100.0 1,517 62.4 14.7 12.5 Other Urban 6.0 4.1 0.1 0.1 100.0 1,318 Other Rural 80.6 8.2 5.9 2.3 2.1 0.7 0.3 100.0 1,239 Residence Urban 56.8 6.8 13.3 6.8 4.0 0.4 0.2 100.0 2,580 Rural 0.08 2.2 6.3 2.2 2.0 0.7 0.3 100.0 1,494 Age Group 15-19 88.5 3.8 3.4 3.7 0.6 0.0 0.0 100.0 163 20-24 2.3 71.8 13.0 8.0 4.4 0.2 0.3 100.0 562 25-29 71.3 11.7 8.5 3.5 4.5 0.5 0.0 100.0 835 30-34 68.5 13.9 10.5 3.3 981 3.1 0.5 0.1 100.0 35-39 65.8 889 12.3 11.3 5.6 3.5 8.0 0.7 100.0 1.4 40-44 68.5 9.4 100.0 644 15.1 4.5 0.7 0.4 **Marital Status** 4.2 3.0 Married 69.9 12.5 9.6 0.5 0.3 100.0 3,794 Previously Married 70.2 8.0 5.1 2.0 0.6 0.6 100.0 13.4 83 **Never Married** 2.3 1.2 67.1 19.2 5.1 5.2 0.0 100.0 197 **Education Level** 8.9 2.6 2.1 79.1 6.4 0.6 0.3 100.0 1.849 Primary or Less 68.5 15.0 7.2 6.1 2.4 100.0 264 Secondary Incomplete 0.7 0.0 12.1 Secondary Complete 62.7 15.2 5.4 3.8 0.5 0.2 100.0 1,485 Post-Secondary 33.4 29.2 21.4 10.0 5.3 0.3 0.5 100.0 476 **Employment** Working 52.1 18.9 16.7 7.6 3.7 0.7 0.3 100.0 882 73.6 7.8 3.5 2.7 0.5 100.0 3,192 Not Working 11.5 0.3 Routine Gynecologic Exam Ever 60.2 10.2 16.2 7.1 4.4 1.2 0.7 100.0 1,321

6.5

3.1

2.3

0.3

0.1

100.0

2,753

73.9

14.0

Table 11.9 A Percentage of Women Aged 15-44 Years Who Have Been Told by a Doctor That They Have Selected Health Problems, by Selected Characteristics Reproductive Health Survey: Albania 2002

	PID **			High Blood		No. of
Characteristics	%	No. of Cases*	Anemia	Pressure	Diabetes	Cases
Total	10.8	4,258	11.8	8.4	0.6	5,697
Strata						
Metro Tirana	14.2	1,618	15.7	8.6	1.1	2,108
Other Urban	9.6	1,379	12.7	6.9	0.6	1,816
Other Rural	10.4	1,261	10.2	9.2	0.4	1,773
Residence						
Urban	11.2	2,734	13.9	7.6	0.8	3,572
Rural	10.5	1,524	10.3	9.1	0.4	2,125
Age Group						
15-19	4.5	165	3.9	2.1		1,094
20-24	8.3	583	10.2	3.8	0.1	936
25-29	10.4	864	15.4	8.4	0.8	946
30-34	10.9	1,026	14.7	10.7	0.4	1,067
35-39	14.3	940	16.7	12.3	1.3	958
40-44	10.2	680	13.0	16.3	1.1	696
Marital Status						
Married	10.8	3,965	15.7	11.5		3,965
Previously Married	19.0	88	22.1	15.9	3.0	88
Never Married	2.9	205	3.4	1.9	0.2	1,644
Education Level						
Primary or Less	10.8	1,894	10.1	9.0		2,519
Secondary Incomplete	13.1	272	10.1	5.4	0.5	653
Secondary Complete	11.0	1,568	14.0	9.2	0.9	1,830
Post-Secondary	8.0	524	17.8	5.7	1.1	695
Employment						
Working	11.9	957	15.5	8.9		1,118
Not Working	10.5	3,301	11.2	8.4	0.5	4,579
Routine Gynecologic Exam						
Ever	30.8	1,467	22.8	15.0	1.4	1,513
Never	1.6	2,791	8.5	6.5	0.3	4,184

^{*} Restricted to women aged 15-44 years who have ever had sexual intercourse

^{** 19%} hospitalized with 84% spending 6 or more nights in hospital

Table 11.9 B
Percentage of Men Aged 15-49 Years Who Have Been Told by a Doctor
That They Have Selected Health Problems, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Hepatitis B	High Blood Pressure	Heart Disease	Diabetes	No. of Cases
Total	6.1	3.7	2.0	1.3	1,740
Strata					
Metro Tirana	5.1	2.3	1.5	1.3	718
Other Urban	7.5	5.0	2.8	1.8	547
Other Rural	5.7	3.5	1.7	1.0	475
Residence					
Urban	6.6	4.0	2.5	1.5	1,155
Rural	5.7	3.4	1.6	1.2	585
Age Group					
15-19	6.1	0.0	0.4	0.3	401
20-24	3.8	0.0	0.2	0.0	189
25-29	7.1	0.4	0.2	0.0	218
30-34	8.1	3.2	0.0	1.9	253
35-39	8.5	2.1	2.8	1.6	255
40-44	5.6	9.0	3.9	2.9	277
45-49	3.1	14.5	8.1	3.2	147
Marital Status					
Married	5.9	6.0	3.1	2.0	1,023
Previously Married	**	**	**	**	14
Never Married	6.4	0.3	0.3	0.2	703
Education Level					
Primary or Less	7.0	4.3	2.8	1.2	689
Secondary Incomplete	5.3	1.0	0.3	1.1	199
Secondary Complete	5.2	3.8	1.4	1.6	626
Post-Secondary	5.5	2.9	1.2	1.0	226
Employment					
Working	7.0	5.1	2.2	2.2	913
Not Working	5.2	2.4	1.8	0.5	827
Number of Partners					
0	5.0	0.0	0.4	0.2	446
1	3.5	5.9	3.5	1.5	448
2+	6.6	3.7	1.4	1.5	702
Don't Know	11.6	2.1	0.0	1.4	42
No Response	19.1	9.0	5.6	3.8	102

^{**} Percentages are not shown when base is less than 25 cases

Table 11.10
Percentage of Currently Married Women Aged 1544 Years Who Reported Fecundity Impairment,
by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Ever Had Impaired Fecundity	Current Impaired Fecundity	Ever Been to Doctor for Help to Become Pregnant	No. of Cases	
Total	4.7	1.4	6.5	3,965	
Strata					
Metro Tirana	6.0	2.3	9.3	1,438	
Other Urban	3.6	1.7	5.3	1,308	
Other Rural	4.9	1.0	6.3	1,219	
Residence					
Urban	4.3	1.9	6.6	2,488	
Rural	4.9	1.0	6.3	1,477	
Age Group				•	
15-19	4.4	1.7	5.2	97	
20-24	5.3	2.3	7.5	502	
25-29	6.6	1.6	8.5	800	
30-34	3.6	1.5	4.6	1,004	
35-39	4.4	1.5	6.7	906	
40-44	3.9	0.4	5.8	656	
Education Level					
Primary or Less	5.6	1.4	7.3	1,821	
Secondary Incomplete	3.1	1.2	6.2	237	
Secondary Complete	3.5	1.4	5.1	1,487	
Post-Secondary	4.2	1.5	6.7	420	
Employment					
Working	4.3	1.4	6.9	859	
Not Working	4.7	1.4	6.4	3,106	
Number of Partners *				•	
1	4.6	1.4	6.4	3,904	
2+	6.1	1.8	11.0	60	
Routine Gynecologic Exam					
Ever	11.1	3.7	15.0	1,367	
Never	1.7	0.4	2.5	2,598	

^{*} Excludes one case that did not respond

Table 11.11

Percentage of Currently Married Women Aged 15-44 Years Who
Reported Fecundity Impairment
by Type of Problem and Selected Characteristics
Reproductive Health Survey: Albania 2002

		r Had y Service		Type of Problem								
Characteristics	 %	No. of Cases	Ovulation Problems	Endo- metriosis	Sperm Problems	Blocked Tubes	No Diagnosis	No. of Cases				
Total	6.5	3,965	42.0	13.5	12.3	10.0	27.9	271				
Strata												
Metro Tirana	9.3	1,438	32.3	13.0	15.5	9.1	36.1	131				
Other Urban	5.3	1,308	51.1	5.1	11.6	7.6	32.2	72				
Other Rural	6.3	1,219	41.7	17.8	11.3	11.5	22.4	68				
Residence												
Urban	6.6	2,488	42.5	7.2	14.0	8.6	35.0	183				
Rural	6.3	1,477	41.5	18.6	10.9	11.1	22.2	88				
Age Group												
15-19	5.2	97	**	**	**	**	**	5				
20-24	7.5	502	30.3	8.6	9.6	23.0	28.5	38				
25-29	8.5	800	32.9	29.2	16.6	2.5	21.7	57				
30-34	4.6	1,004	47.6	15.5	15.0	6.7	23.2	62				
35-39	6.7	906	50.2	7.4	8.8	12.7	34.1	62				
40-44	5.8	656	43.9	4.3	11.4	10.3	33.5	47				
Education Level												
Secondary Incomplete or Less	7.2	2,058	42.0	16.2	10.2	10.6	25.5	145				
Secondary Complete or More	5.4	1,907	41.9	7.9	16.7	8.7	32.9	126				
Employment												
Working	6.9	859	35.9	4.0	20.9	4.8	38.5	68				
Not Working	6.4	3,106	43.4	15.6	10.3	11.2	25.5	203				
Routine Gynecologic Exam												
Ever	15.0	1,367	41.2	13.3	12.8	12.1	26.2	203				
Never	2.5	2,598	44.1	14.0	11.0	4.2	32.6	68				

^{**} Percentages are not shown when base is less than 25 cases

Table 11.12 A Percentage of Women Aged 15-44 Who Have Ever Smoked and Who Currently Smoke by Selected Characteristics Reproductive Health Survey: Albania 2002

	Cigarette Use									
Characteristics	Ever Smoked	Ever Smoked	Currently	No. of						
Characteristics	Cigarettes	100 + Cigarettes	Smoke	Cases						
Total	16.1	3.6	3.0	5,697						
Strata										
Metro Tirana	28.4	9.2	7.9	2,108						
Other Urban	20.3	5.0	4.1	1,816						
Other Rural	10.3	1.3	0.9	1,773						
Residence										
Urban	23.8	6.8	5.8	3,572						
Rural	10.4	1.3	0.9	2,125						
Age Group										
15-19	18.7	1.9	1.7	1,094						
20-24	22.0	4.0	3.1	936						
25-29	16.9	3.7	2.9	946						
30-34	13.2	4.0	3.2	1,067						
35-39	12.8	4.4	3.8	958						
40-44	11.4	4.5	3.8	696						
Marital Status										
Married	13.1	3.4	2.6	3,965						
Previously Married	28.6	16.3	13.9	88						
Never Married	21.3	3.4	3.0	1,644						
Education Level										
Primary or Less	11.6	1.9	1.6	2,519						
Secondary Incomplete	24.1	4.7	4.0	653						
Secondary Complete	16.6	4.7	3.8	1,830						
Post-Secondary	34.1	10.3	8.2	695						
Socioeconomic Index										
Low	10.6	1.7	1.4	1,940						
Medium	17.9	4.1	3.4	2,985						
High	33.2	10.8	8.7	772						
Employment										
Working	22.5	8.5	7.4	1,118						

Table 11.12 B
Percentage of Men Aged 15-49 Who Have Ever Smoked
and Who Currently Smoke, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Ever Smoked Cigarettes	Ever Smoked 100 + Cigarettes	Currently Smoke	No. of Cases	
Total	57.6	49.2	46.3	1,740	
Strata					
Metro Tirana	65.6	55.5	50.4	718	
Other Urban	56.8	47.9	45.5	547	
Other Rural	54.9	47.4	45.2	475	
Residence					
Urban	60.0	50.7	47.2	1,155	
Rural	55.5	47.8	45.5	585	
Age Group					
15-19	25.1	9.8	9.6	401	
20-24	56.3	43.2	42.4	189	
25-29	63.5	55.4	53.1	218	
30-34	65.0	58.9	55.4	253	
35-39	65.8	60.0	57.2	255	
40-44	67.0	62.5	56.7	277	
45-49	75.1	72.9	66.6	147	
Marital Status					
Married	66.6	61.2	57.1	1,023	
Previously Married	**	**	**	14	
Never Married	43.2	30.2	29.2	703	
Education Level					
Primary or Less	58.2	51.6	49.9	689	
Secondary Incomplete	26.6	12.6	12.6	199	
Secondary Complete	63.7	55.2	50.9	626	
Post-Secondary	61.4	48.5	41.9	226	
Socioeconomic Index					
Low	55.3	48.0	46.4	638	
Medium	58.6	49.7	46.1	814	
High	63.9	52.5	46.8	288	
Employment					
Working	64.3	57.6	53.3	913	
Not Working	51.1	41.1	39.6	827	

 $^{^{\}star\star}$ Percentages are not shown when base is less than 25 cases

Table 11.13 A

Percentage of Women Aged 15-44 Who Report Having a Drink Containing
Alcohol in past 3 Months, and Frequency of Drinking,
by Selected Characteristics
Reproductive Health Survey: Albania 2002

	8	Frequency of Drinking Alcohol (Percent Distribution)										
Characteristics	Drink in Past 3 Months	No. of Cases	Every Day	Almost Every Day	1-2 Times a Week	2-3 Times a Month	Once a Month	1-2 Times in Three Months	Only a Few Sips	Don't Know	Total	No. of Cases
Total	35.5	5,697	1.5	3.3	25.3	29.3	16.6	6.8	16.6	0.7	100.0	2,612
Strata												
Metro Tirana	44.4	2,108	2.8	5.1	30.4	22.2	15.7	5.5	15.9	2.4	100.0	1,101
Other Urban	40.5	1,816	1.0	3.8	28.4	30.9	13.2	5.4	16.8	0.5	100.0	872
Other Rural	30.2	1,773	1.4	2.2	20.8	31.2	19.4	8.3	16.7	0.0	100.0	639
Residence												
Urban	42.7	3,572	1.7	4.4	29.5	27.3	14.2	5.4	16.4	1.2	100.0	1,849
Rural	30.1	2,125	1.4	2.2	20.9	31.4	19.1	8.2	16.8	0.1	100.0	763
Age Group												
15-24	35.4	2,030	0.8	2.2	23.3	29.9	16.1	8.2	18.7	0.9	100.0	961
25-34	34.6	2,013	1.4	4.6	25.5	31.5	17.4	4.6	14.9	0.2	100.0	871
35-44	36.4	1,654	2.7	3.5	27.6	26.5	16.5	7.0	15.5	8.0	100.0	780
Marital Status												
Married	34.8	3,965	1.9	4.0	27.8	28.7	16.4	5.6	14.9	0.7	100.0	1,751
Previously Married	34.9	88	2.5	1.3	20.7	23.3	18.1	14.4	17.5	2.2	100.0	37
Never Married	36.9	1,644	8.0	2.1	21.1	30.8	16.9	8.4	19.5	0.4	100.0	824
Education Level												
Primary or Less	29.9	2,519	0.9	2.6	20.7	32.6	19.3	7.5	15.9	0.5	100.0	905
Secondary Incomplete	40.9	653	2.7	1.8	25.0	28.9	15.4	8.1	17.6	0.6	100.0	330
Secondary Complete	40.0	1,830	1.8	3.8	27.6	27.9	14.8	6.2	17.1	0.8	100.0	939
Post-Secondary	50.3	695	1.8	6.0	37.3	20.8	12.0	4.2	17.1	8.0	100.0	438
Socioeconomic Index												
Low	26.7	1,940	1.2	1.5	19.5	32.8	21.0	7.9	15.8	0.4	100.0	646
Medium	40.5	2,985	1.5	3.2	27.1	28.4	15.8	6.9	16.4	0.6	100.0	1,462
High	49.8	772	2.6	8.2	32.1	24.3	8.5	3.2	19.4	1.7	100.0	504
Employment												
Working	45.0	1,118	2.8	5.4	33.2	21.6	12.7	5.2	18.6	0.5	100.0	631
Not Working	33.7	4,579	1.2	2.8	23.3	31.2	17.6	7.2	16.1	0.7	100.0	1,981

Table 11.13 B
Percentage of Men Aged 15-49 Who Report Having a Drink Containing Alcohol in Past 3 Months, and Frequency of Drinking, by Selected Characteristics Reproductive Health Survey: Albania 2002

	Past	s	Frequency of Drinking Alcohol (Percent Distribution)									
Characteristics	Drinking in Past 3 Months	No. of Cases	Every Day	Almost Every Day	1-2 Times a Week	2-3 Times a Month	Once a Month	1-2 Times in Three Months	Only Few Sips	Don't Know	Total	No. of Cases
Total	60.8	1,740	13.6	27.5	37.3	12.6	2.8	0.5	5.0	0.6	100.0	1,123
Strata												
Metro Tirana	69.3	718	16.9	27.3	35.5	11.6	2.4	0.9	4.8	0.7	100.0	507
Other Urban	60.0	547	10.0	29.8	38.0	13.2	4.2	0.9	3.3	0.6	100.0	330
Other Rural	57.8	475	14.3	26.2	37.8	12.7	2.1	0.2	6.2	0.6	100.0	286
Residence												
Urban	63.8	1,155	13.1	28.5	37.2	12.2	3.7	0.7	4.0	0.6	100.0	768
Rural	58.1	585	14.2	26.5	37.4	13.0	1.9	0.4	6.0	0.6	100.0	355
Age Group												
15-24	43.2	590	4.8	14.0	43.0	23.5	4.6	1.3	7.5	1.3	100.0	266
25-34	73.2	471	12.3	31.0	40.7	9.7	3.2	0.5	2.5	0.1	100.0	356
35-49	67.1	679	19.5	32.4	31.8	8.7	1.4	0.2	5.4	0.6	100.0	501
Marital Status												
Married	68.5	1,023	17.6	31.8	34.7	9.1	1.6	0.3	4.5	0.3	100.0	756
Previously Married	**	14	**	**	**	**	**	**	**	**	**	9
Never Married	48.6	703	4.6	18.2	43.5	20.2	4.8	1.1	6.3	1.3	100.0	358
Education Level												
Primary or Less	58.6	689	13.0	28.3	38.2	11.4	2.3	0.5	5.3	1.0	100.0	419
Secondary Incomplete	35.8	199	8.6	9.2	30.8	34.1	3.1	3.2	11.0	0.0	100.0	78
Secondary Complete	69.0	626	16.0	29.4	35.0	11.0	3.4	0.3	4.5	0.4	100.0	467
Post-Secondary	65.5	226	10.3	26.0	46.1	12.8	2.4	0.0	2.5	0.0	100.0	159
Socioeconomic Index												
Low	57.1	638	14.7	27.5	33.1	13.4	3.1	0.5	6.4	1.4	100.0	389
Medium	62.0	814	12.0	26.7	40.8	12.5	2.5	0.7	4.7	0.0	100.0	524
High	72.3	288	15.8	30.0	40.9	10.1	2.3	0.0	0.9	0.0	100.0	210
Employment												
Working	71.6	913	17.1	33.4	32.7	9.7	3.5	0.2	2.6	0.8	100.0	677
Not Working	50.3	827	9.2	19.9	43.2	16.4	1.8	1.0	8.2	0.3	100.0	446

 $^{^{\}star\star}$ Percentages are not shown when base is less than 25 cases

CHAPTER 12 FAMILY LIFE AND SEX EDUCATION

Introduction

Yoncerns about teenage sexuality, pregnancy and sexual health have been increasing worldwide in recent years. Prevention programs designed to reduce the rate of adolescent pregnancy and sexually transmitted infections require a multifaceted approach, and school-based sex education is one important component of a broad effort. A number of studies have demonstrated that high-quality sex education programs can lead to higher levels of abstinence, later initiation of sexual activity, increased use of contraception and fewer sexual partners (Dawson, 1986; Kirby, 1999; Kirby et al., 1994). Health education interventions are widely seen as appropriate strategies for promoting young people's sexual health, particularly when information among young people about sexuality, reproduction, contraception, and sexually transmitted infections is lacking. Family life or sexual education has been part of the school curriculum in many countries, although teaching about contraceptive methods is sometimes omitted.

Health education, including family life and sex education, became part of the Albanian school curricula only in 1994 starting in the fifth class of elementary schools. Only nine hours in each of the eight classes are dedicated to sex education while another six hours are for HIV/AIDS and sexually transmitted diseases. Still there is a need to improve the family life education curricula and extend it further to high schools. Extracurricular sessions applied by teachers, NGOs or health promoting schools' network are important but are still spontaneous and do not fulfill the current standardized needs of such education.

Opinions about Sex Education in Schools

Table 12.1A shows that over 90% of Albanian women of reproductive age agree that sex education, including human reproduction, contraception and sexually transmitted infections, should be taught in school. There is little variation by various socio-demographic characteristics, with the percentage in agreement dropping only to 88% for women with 3 or more living children. Nevertheless, there are some patterns worth noting. The largest differentials are observed for educational levels, with a positive association between educational level and agreement that sex education should be taught in school (from 89% to 99% agreement). Socioeconomic status also shows a positive relationship, although not as strong as that for education. Urban women, younger women, and never married women are somewhat more likely to favor sex education in school than their rural, older and married counterparts.

Among men 15-49 years of age (Table 12.1B), there is also a high percentage in favor of sex education in school, although not as high as that of women (84% vs. 92%). Similar relationships with sociodemographic variables are observed for men, but with stronger associations. Thus, while 90% of urban men favor sex education, only 79% of rural men are in agreement. Agreement by age ranges from 91% among 15-24 year olds to 76% for 35-49 year olds. Ninety-one percent of never married men agree to sex education in school compared to 80% of married men, and the positive associations of educational level and socioeconomic status with favoring sex education are even stronger than observed for women.

When asked the best age to begin courses in school on human reproduction and contraception, the majority of women who favored the teaching of sex education in school reported ages 14-15 (Table 12.2A and Figure 12.1). This was the preferred age group among women in all categories of the socio-demographic control variables for both human reproduction and contraception. The second preferred age groups for receiving these topics in school varied depending on the topic. For the topic of human reproduction, most women preferred the younger ages (13 years or younger) over the older ages (16 years or older), with the exception of women living in rural areas, having 3 or more children, primary or lower educational level and low socioeconomic status. On the other hand, with respect to the teaching of contraception, the women who did not choose ages 14–15 were more likely to prefer older ages (16 years or older). The exceptions to this pattern were urban women, more highly educated women and those of high socioeconomic status.

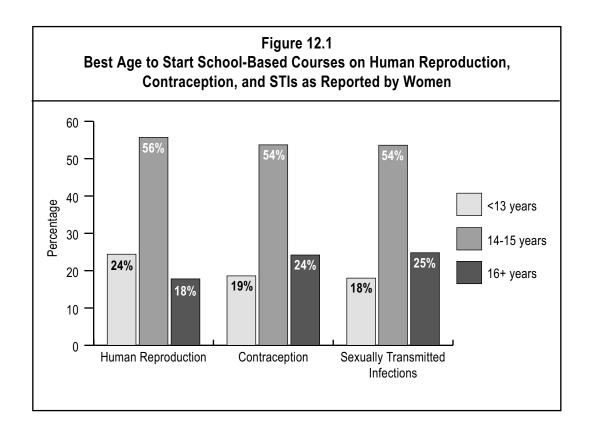
Compared to women, men who favored the teaching of sex education in school appeared to be somewhat more conservative than women in terms of the ages at which they felt young persons should receive courses on human reproduction and contraception. Overall, men reported a preference for ages 16 and over as the best age to receive information on human reproduction and contraception in school (44% and 47%, respectively) (Table 12.2B and Figure 12.2). Those men who expressed a preference for ages 15 or younger were those living in urban areas (57% and 55%), the youngest (64% and 58% of 15-24 year olds), never married (66% and 60%), those with no living children (64% and 59%), having post-secondary education (65% and 62%), and having high socioeconomic status (72% and 69%).

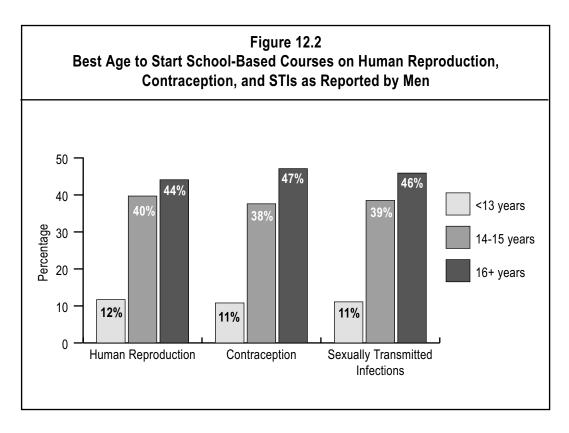
Tables 12.3A and B present the preferred ages for young people to receive lessons in school on sexually transmitted infections as reported by women and men of reproductive age who favor sex education in school. The preferred ages and the patterns for various socio-demographic categories are similar to those observed for contraception. The majority of women prefer this topic be taught to young people at 14–15 years of age (54%) (Table 12.3A). The second overall preferred age group is 16 years of age or older (25%), with the exceptions noted earlier among urban women (24%), women with postsecondary education (32%) and women with high socioeconomic status (29%). Overall, men (Table 12.3B) prefer the older ages of 16 years or more (46%), with the younger ages of 14-15 preferred only by 15-24 year old men (53%), the never married (53%), the childless (51%), those with post-secondary education (44%), and those with high socioeconomic status (50%).

Tables 12.4 through 12.6 present the actual experiences of young adults in Albania with regard to education on matters related to sexuality.

Discussions with Parents on Family Life Education Topics

In Table 12.4A are the percentages of women 15–24 years of age who had discussed family life education topics with a parent before the age of 18. Two-thirds of young women (64%) reported they had discussed any topic with a parent. However, only 21% reported discussing how pregnancy occurs, 15% reported discussing how pregnancy occurs, 15% reported discussing methods of contraception. These percentages varied markedly by certain socio-demographic characteristics. Urban women were more likely to have discussed a topic with a parent than rural women, and the probability of having discussed a topic increased with educational level and





socioeconomic status of the young woman. There were no pronounced aged differences in the likelihood of having discussed a topic. And, with the exception of how pregnancy occurs, there were no significant differences between sexually experienced and non-sexually experienced young women in whether or not they had discussed a family life education topic with a parent before age 18

Young men report much less communication with parents on family life topics compared to women (Table 12.4B). Only 11% of 15-24 year old men said they had discussed a family life education topic with a parent before age 18. Less than 10% had discussed HIV/AIDS or how pregnancy occurs, and only 2% had discussed methods of contraception. As with young women, differences are observed socio-demographic characteristics, with urban, highly educated and high socioeconomic status men more likely to have discussed family life education topics with a parent. Differences in this likelihood by age or by sexual experience are small.

Sex Education in School

Tables 12.5A and B demonstrate that Albanian young adults are more likely to receive education on sexual topics in school than in the home. Seventy-seven percent of young women had received some type of sex education in school before the age of 18 (Table 12.5A). The majority had received information on the female and male reproductive systems (67% and 63%, respectively), the menstrual cycle (66%), how pregnancy occurs (57%) and HIV/AIDS (53%). But only one-fourth had received information on contraceptive methods (24%) or sexually transmitted infections other than HIV/AIDS (24%). Differences

according to socio-demographic categories are also observed. Residence in urban areas, younger age, higher educational level and higher socioeconomic status all provide greater access to sex education in school.

Young men report lower levels of sex education in school than the young women (Table 12.5B). Sixty-four percent report having received any topic of sex education in school before the age of 18. As with the young women, contraceptive methods and sexually transmitted infections other than HIV/AIDS were topics not often covered in their sex education lectures (30% and 24%, respectively). Men also report low coverage of the menstrual cycle, with only 23% of men receiving such information. As with young women, residence in urban areas, higher educational level and higher socioeconomic status seem to provide greater access to sex education in school. Although sexually experienced young men reported sex education in school in slightly than non-sexually higher proportions experienced young men, the differences are not statistically significant.

Table 12.6A shows the age by which selected topics have been received in school reported by young adult women who have had sex education in school. With the exception of contraception, most young women had received lessons on pregnancy-related topics before the age of 16. In fact, according to the magnitude of increase in the cumulative percentages, it appears that all indicated topics were most likely to be received in school at age 14. Table 12.6B shows a similar pattern for young adult males, that is, all topics were most likely to have been presented in school when the young men were 14 years of age.

Sources of Information on Sexual Matters

When young adults who had received sex education in school were asked what was the most important source for them with regard to information on sexual matters, approximately half of the women and men responded their teachers to be the most important source (49% and 53%, respectively) (Tables 12.7A and B). The second most frequently reported source was radio and TV, followed closely by books, newspapers and magazines, with 24% of women and 21% of men saying radio and TV and 10% of women and 19% of men reporting the print media were the most important source to them. When sociodemographic characteristics are controlled. the three most reported sources remain in the same rank order for almost all of the categories for both young adult women and young adult men.

Tables 12.8A and B present the most important sources for sexual information reported by young adults who did not have sex education in school. For these young people, radio and TV is reported most frequently - 44% for women and 53% for men. Co-workers and peers are the second most frequently reported important source, with 15% of young women and 20% of young men offering this response. Finally, the third and fourth most cited sources for women was their parents (11%) and other relatives (9%), although these sources were infrequent among men (2% and 0.2%, respectively). Again, the rank order of the most cited sources for both women and men does not vary greatly across sociodemographic categories.

The Impact of Sexuality Education on Knowledge about Pregnancy Issues

Questions were included in the ALRHS-02 to assess respondents' knowledge of pregnancy and contraception issues. Tables 12.9A and B show the answers given by young adult women and men to several of these questions.

Knowledge of the most fertile time in a woman's cycle is an important measure of a woman's ability to assess the risk of pregnancy during unprotected intercourse, and consequently to prevent unintended pregnancy. Only 15% of women 15–24 years of age correctly identified halfway between periods to be the most likely time for a woman to become pregnant (Table 12.9A). Sixtyseven percent simply said they did not know the answer. However, there does seem to be some impact of having discussed the topic with parents or in school. Young women who discussed the topic with a parent were more than twice as likely as those who did not to know the correct answer (21% vs. 8%), and women who received the topic in school were also more than twice as likely to know the correct answer compared to those who did not have the topic in school (19% vs. 7%). Similarly, only 12% of young women knew that breastfeeding can decrease the chance of pregnancy. This percentage increased for women who had discussed pregnancy with a parent (19%) compared to those who had not (9%). Learning about pregnancy in school, on the other hand, had little effect on knowledge of the correct answer to this question – 13% compared to 10% for those who did not learn about pregnancy in school. Finally, when asked if it is possible to get pregnant at first intercourse, only 49% of young adult women agreed. Both having discussed pregnancy with a parent and having learned about pregnancy in school appear to have an effect on this knowledge. Sixty-three percent of young women who had discussed pregnancy with a parent knew that it is possible to get pregnant at first sexual intercourse, whereas only 45% of those who did not discuss pregnancy with a parent knew this answer. Having received a

lesson in school about pregnancy also had an effect on women's knowledge of this question. Fifty-three percent of women who learned about pregnancy in school knew the correct answer compared to 44% of those who were not taught about pregnancy in school.

Young men's knowledge on pregnancy matters is shown in Table 12.9B. Only 10% of young adult men knew that breastfeeding can reduce the likelihood of becoming pregnant. Having discussed pregnancy with a parent appears to have a pronounced effect on young men's correct answer to this question. Thirty percent of men who had discussed pregnancy with a

parent knew that breastfeeding can decrease the chance of pregnancy compared to only 9% of those who did not discuss the topic of pregnancy with a parent. The effect of having been taught about pregnancy in school is minimal in relation to the effect of breastfeeding. About one-half (52%) of the 15–24 year old men knew a woman could become pregnant at first sexual intercourse. Again, we observe a large effect of having discussed pregnancy with a parent— 70% vs. 51% for those who had not discussed pregnancy with a parent. Having learned about pregnancy in school also appears to have been effective, but to a lesser extent.

Table 12.1 A Percentage of Women Aged 15-44 Who Agree Certain Sex Education Topics Be Taught in School, By Selected Characteristics Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Human Reproduction	Contraception	Sexually Transmitted Infections	No. of Cases
Total	92.3	92.3	92.0	92.1	5,697
Strata					
Metro Tirana	94.0	93.9	93.6	93.8	2,108
Other Urban	94.3	94.3	94.2	94.3	1,816
Other Rural	90.8	90.8	90.3	90.4	1,773
Residence					
Urban	94.2	94.2	94.1	94.2	3,572
Rural	90.9	90.9	90.4	90.6	2,125
Age Group					
15-24	94.3	94.3	93.9	94.0	2,030
25-34	92.1	92.1	91.9	91.9	2,013
35-44	90.1	90.1	89.8	90.0	1,654
Marital Status					
Married	91.4	91.4	91.0	91.1	3,965
Previously Married	90.6	90.6	90.6	90.6	88
Never Married	94.4	94.4	94.1	94.2	1,644
Living Children					
0	94.3	94.3	94.0	94.2	1,943
1	91.8	91.8	91.4	91.2	828
2	93.1	93.1	93.0	93.0	1,840
3 +	88.3	88.3	87.7	88.0	1,086
Education Level					
Primary or Less	89.1	89.1	88.6	88.8	2,519
Secondary Incomplete	95.8	95.8	95.5	95.6	653
Secondary Complete	95.5	95.5	95.4	95.4	1,830
Post-Secondary	98.5	98.5	98.3	98.5	695
Socioeconomic Index					
Low	89.8	89.7	89.4	89.4	1,940
Medium	93.9	93.9	93.6	93.8	2,985
High	95.9	95.9	95.9	95.9	772

Table 12.1 B
Percentage of Men Aged 15-49 Who Agree Certain Sex Education Topics
Be Taught in School, By Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Any Topic	Human Reproduction	Contraception	Sexually Transmitted Infections	No. of Cases
Total	84.3	84.3	84.3	84.3	1,740
Strata					
Metro Tirana	89.7	89.7	89.7	89.7	718
Other Urban	88.8	88.8	88.8	88.8	547
Other Rural	79.5	79.5	79.5	79.5	475
Residence					
Urban	89.8	89.8	89.8	89.8	1,155
Rural	79.3	79.3	79.3	79.3	585
Age Group					
15-24	90.9	90.9	90.9	90.9	590
25-34	87.6	87.6	87.6	87.6	471
35-49	76.4	76.4	76.4	76.4	679
Marital Status					
Married	79.8	79.8	79.8	79.8	1,023
Previously Married	**	**	**	**	14
Never Married	91.1	91.1	91.1	91.1	703
Living Children					
0	91.4	91.4	91.4	91.4	815
1	79.5	79.5	79.5	79.5	221
2	83.9	83.9	83.9	83.9	468
3 +	69.8	69.8	69.8	69.8	236
Education Level					
Primary or Less	72.5	72.5	72.5	72.5	689
Secondary Incomplete	95.4	95.4	95.4	95.4	199
Secondary Complete	94.6	94.6	94.6	94.6	626
Post-Secondary	97.6	97.6	97.6	97.6	226
Socioeconomic Index					
Low	76.7	76.7	76.7	76.7	638
Medium	89.6	89.6	89.6	89.6	814
High	96.4	96.4	96.4	96.4	288

^{**} Percentages are not shown when base is less than 25 cases.

Table 12.2 A Percent Distribution of Best Age to Start School-Based Courses on Human Reproduction and Contraception, as Reported by Women Aged 15-44 Who Are in Favor of Sex Education in School, by Selected Characteristics Reproductive Health Survey: Albania 2002

		H	uman R	Reproduc	tion				Contra	aception	1	
				Don't		No. of				Don't		No. of
Characteristic	≤ 13	14-15	16 +	Know	Total	Cases	≤13	14-15	16 +	Know	Total	Cases
Total	24.4	55.7	17.8	2.2	100.0	5,300	18.6	53.7	24.2	3.5	100.0	5,283
Strata												
Metro Tirana	34.2	51.7	12.1	2.0	100.0	1,979	24.9	52.2	19.3	3.5	100.0	1,973
Other Urban	28.3	56.1	14.2	1.4	100.0	1,718	22.6	56.7	18.7	2.0	100.0	1,716
Other Rural	19.3	56.6	21.5	2.6	100.0	1,603	14.5	52.5	28.7	4.3	100.0	1,594
Residence												
Urban	30.8	54.4	13.5	1.4	100.0	3,367	24.2	55.3	18.5	2.0	100.0	3,362
Rural	19.4	56.7	21.1	2.8	100.0	1,933	14.3	52.6	28.5	4.6	100.0	1,921
Age Group												
15-24	21.3	60.6	15.7	2.4	100.0	1,918	15.4	60.0	21.1	3.5	100.0	1,910
25-34	27.6	52.7	17.2	2.4	100.0	1,875	22.2	50.9	23.6	3.3	100.0	1,872
35-44	25.1	52.3	21.0	1.6	100.0	1,507	19.2	48.5	28.8	3.5	100.0	1,501
Marital Status												
Married	26.2	52.4	19.2	2.2	100.0	3,659	20.2	50.1	26.1	3.6	100.0	3,647
Previously Married	21.2	52.0	21.3	5.6	100.0	81	15.3	47.6	27.5	9.6	100.0	81
Never Married	21.2	62.1	14.8	1.9	100.0	1,560	15.7	61.1	20.3	2.9	100.0	1,555
Living Children												
0	21.6	61.6	14.6	2.2	100.0	1,840	15.8	60.7	20.2	3.2	100.0	1,834
1	28.2	51.7	18.9	1.2	100.0	770	23.4	51.0	23.1	2.5	100.0	768
2	28.9	51.2	17.1	2.8	100.0	1,725	21.5	50.3	24.3	3.9	100.0	1,724
3 +	21.4	53.1	23.7	1.8	100.0	965	17.2	47.1	31.8	3.9	100.0	957
Education Level												
Primary or Less	18.5	57.1	20.7	3.6	100.0	2,240	13.1	53.8	27.5	5.6	100.0	2,227
Secondary Incomplete	24.8	57.4	16.8	1.0	100.0	627	19.9	56.3	21.7	2.1	100.0	626
Secondary Complete	29.8	53.8	15.8	0.6	100.0	1,749	24.2	52.2	22.5	1.1	100.0	1,747
Post-Secondary	41.4	51.0	7.6	0.0	100.0	684	31.8	55.3	12.7	0.2	100.0	683
Socioeconomic Index												
Low	18.6	55.5	22.0	3.8	100.0	1,739	14.1	52.1	28.6	5.3	100.0	1,732
Medium	26.7	56.3	15.8	1.1	100.0	2,809	20.6	54.6	22.4	2.3	100.0	2,799
High	38.6	52.5	8.6	0.3	100.0	752	28.4	56.5	13.6	1.5	100.0	752

Table 12.2 B
Percent Distribution of Best Age to Start School-Based Courses on
Human Reproduction and Contraception, as Reported by Men Aged 15-49
Who Are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

		Н	uman R	Reproduc	tion				Contra	ception		,
Characteristic	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases	≤ 13	14-15	16 +	Don't Know	Total	No. of Cases
Total	11.7	39.7	44.1	4.5	100.0	1,515	10.8	37.6	47.1	4.5	100.0	1,515
Strata												
Metro Tirana	19.2	41.2	37.1	2.5	100.0	645	17.5	40.0	40.0	2.5	100.0	645
Other Urban	10.9	43.9	41.3	3.9	100.0	490	10.3	42.2	43.6	3.9	100.0	490
Other Rural	8.9	36.3	49.1	5.7	100.0	380	8.2	33.4	52.7	5.7	100.0	380
Residence												
Urban	14.4	42.8	39.5	3.3	100.0	1,047	13.3	41.2	42.1	3.3	100.0	1,047
Rural	9.1	36.7	48.6	5.6	100.0	468	8.4	34.0	52.1	5.6	100.0	468
Age Group												
15-24	8.9	55.2	33.3	2.6	100.0	536	8.5	49.7	39.2	2.6	100.0	536
25-34	11.3	36.9	46.3	5.6	100.0	419	9.9	36.8	47.8	5.6	100.0	419
35-49	14.8	26.4	53.2	5.6	100.0	560	13.8	26.1	54.6	5.6	100.0	560
Marital Status												
Married	13.0	28.1	53.2	5.8	100.0	857	11.7	28.0	54.5	5.8	100.0	857
Previously Married	**	**	**	**	**	**	**	**	**	**	**	12
Never Married	9.9	55.7	32.0	2.4	100.0	646	9.5	50.7	37.4	2.4	100.0	646
Living Children												
0	11.3	52.8	33.1	2.8	100.0	750	10.3	48.7	38.2	2.8	100.0	750
1	5.9	44.3	43.5	6.2	100.0	186	5.2	42.6	46.0	6.2	100.0	186
2	12.2	27.0	55.9	4.9	100.0	404	11.4	27.1	56.6	4.9	100.0	404
3 +	16.4	14.6	61.0	8.0	100.0	175	15.3	14.9	61.8	8.0	100.0	175
Education Level												
Primary or Less	7.1	39.0	45.8	8.0	100.0	523	6.4	36.7	48.9	8.0	100.0	523
Secondary Incomplete	14.1	46.9	38.4	0.6	100.0	186	13.7	42.5	43.1	0.6	100.0	186
Secondary Complete	13.4	37.4	46.3	2.9	100.0	585	12.3	36.0	48.8	2.9	100.0	585
Post-Secondary	21.4	43.9	34.7	0.0	100.0	221	20.0	42.2	37.8	0.0	100.0	221
Socioeconomic Index												
Low	8.2	35.9	49.3	6.6	100.0	500	7.6	32.9	52.9	6.6	100.0	500
Medium	12.4	40.4	44.1	3.2	100.0	737	11.4	39.0	46.4	3.2	100.0	737
High	21.5	50.8	25.9	1.8	100.0	278	20.0	49.1	29.1	1.8	100.0	278

 $^{^{\}star\star}$ Percentages are not shown when base is less than 25 cases.

Table 12.3 A Percent Distribution of Best Age to Start School-Based Courses on Sexually Transmitted Infections, as Reported by Women 15-44 Who are in Favor of Sex Education in School, by Selected Characteristics Reproductive Health Survey: Albania 2002

	'	Sexu	ally Transr	nitted Infec	tions	
•				Don't		No. of
Characteristic	≤ 13	14-15	16 +	Know	Total	Cases
Total	18.0	53.6	24.8	3.7	100.0	5,291
Strata						
Metro Tirana	25.1	53.1	18.8	3.0	100.0	1,977
Other Urban	22.4	56.3	19.3	2.0	100.0	1,718
Other Rural	13.4	52.2	29.6	4.8	100.0	1,596
Residence						
Urban	24.0	55.2	18.8	1.9	100.0	3,366
Rural	13.3	52.3	29.4	5.0	100.0	1,925
Age Group						
15-24	14.7	60.6	21.0	3.7	100.0	1,913
25-34	21.0	51.0	24.6	3.4	100.0	1,873
35-44	19.2	47.2	29.8	3.9	100.0	1,505
Marital Status						
Married	19.7	49.5	27.0	3.8	100.0	3,652
Previously Married	16.9	46.2	24.7	12.2	100.0	81
Never Married	14.9	61.8	20.4	2.9	100.0	1,558
Living Children						
0	14.9	61.6	20.3	3.2	100.0	1,837
1	22.7	51.3	23.6	2.4	100.0	767
2	21.4	49.7	25.0	3.9	100.0	1,725
3 +	16.5	45.4	33.2	5.0	100.0	962
Education Level						
Primary or Less	12.5	53.2	28.2	6.1	100.0	2,232
Secondary Incomplete	19.9	56.5	22.1	1.6	100.0	627
Secondary Complete	23.2	52.5	23.2	1.2	100.0	1,748
Post-Secondary	31.6	55.8	12.6	0.0	100.0	684
Socioeconomic Index						
Low	13.1	51.6	29.2	6.2	100.0	1,734
Medium	20.0	54.7	23.1	2.2	100.0	2,805
High	29.3	56.7	13.4	0.6	100.0	752

Table 12.3 B
Percent Distribution of Best Age to Start School-Based Courses on
Sexually Transmitted Infections, as Reported by Men 15-49
Who are in Favor of Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

		Sexi	ually Transn	nitted Infec	tions	
				Don't		No. of
Characteristic	≤ 13	14-15	16 +	Know	Total	Cases
Total	11.1	38.5	45.9	4.5	100.0	1,515
Strata						
Metro Tirana	18.9	39.3	39.6	2.3	100.0	645
Other Urban	10.1	43.0	42.7	4.2	100.0	490
Other Rural	8.3	35.1	50.8	5.7	100.0	380
Residence						
Urban	13.5	41.7	41.3	3.5	100.0	1,047
Rural	8.8	35.3	50.4	5.5	100.0	468
Age Group						
15-24	9.2	52.5	35.7	2.6	100.0	536
25-34	9.8	36.6	48.1	5.6	100.0	419
35-49	14.1	26.0	54.3	5.6	100.0	560
Marital Status						
Married	11.9	28.0	54.3	5.8	100.0	857
Previously Married	**	**	**	**	**	12
Never Married	9.9	52.9	34.7	2.5	100.0	646
Living Children						
0	10.7	50.6	35.8	2.9	100.0	750
1	5.4	42.4	45.9	6.2	100.0	186
2	11.9	27.0	56.3	4.9	100.0	404
3 +	15.3	15.0	61.6	8.0	100.0	175
Education Level						
Primary or Less	6.6	36.6	48.7	8.1	100.0	523
Secondary Incomplete	13.4	50.0	36.0	0.6	100.0	186
Secondary Complete	12.9	36.1	48.1	2.9	100.0	585
Post-Secondary	20.3	43.8	35.9	0.0	100.0	221
Socioeconomic Index						
Low	7.9	33.2	52.3	6.6	100.0	500
Medium	11.7	40.4	44.7	3.2	100.0	737
High	20.5	50.2	27.5	1.8	100.0	278

^{**} Percentages are not shown when base is less than 25 cases.

Table 12.4 A
Percentage of Young Adult Women Aged 15-24
Who Discussed The Indicated Family Life Education Topics
With a Parent Before They reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Menstrual Cycle	Abstinence Before Marriage	How Pregnancy Occurs	HIV/ AIDS	Other Sexually Transmitted Diseases	Methods of Contraception	No. of Cases
Total	64.4	50.8	44.5	21.4	14.7	7.9	7.6	2,030
Strata								
Metro Tirana	69.9	56.4	40.9	26.5	25.6	14.7	11.4	746
Other Urban	70.2	61.0	48.8	28.3	20.0	13.2	12.5	583
Other Rural	60.5	44.8	43.5	17.0	9.5	3.8	4.4	701
Residence								
Urban	72.0	61.6	46.6	28.7	23.0	14.3	12.5	1,193
Rural	59.7	44.1	43.2	16.8	9.5	3.9	4.5	837
Age Group								
15-17	63.9	53.9	44.3	22.5	16.7	9.8	8.9	658
18-19	68.0	51.1	49.5	19.7	15.3	6.6	7.6	436
15-19	65.5	52.7	46.4	21.4	16.2	8.5	8.4	1,094
20-24	63.0	48.4	42.1	21.3	12.9	7.1	6.6	936
Education Level								
Primary or Less	58.2	43.2	40.9	15.9	8.7	3.6	4.2	1,013
Secondary Incomplete	72.4	63.4	50.4	29.5	25.5	16.1	12.4	446
Secondary Complete	71.4	54.9	50.5	25.9	17.8	9.7	11.7	332
Post-Secondary	80.4	72.2	46.8	36.4	29.8	18.3	13.8	239
Socioeconomic Index								
Low	55.6	40.9	39.8	13.0	6.3	2.5	3.9	649
Medium	69.5	56.3	48.0	25.9	19.1	10.9	9.4	1,106
High	76.8	65.9	46.3	35.2	28.9	16.4	14.5	275
Sexual Experience								
Yes	65.0	51.6	42.7	25.4	13.7	7.1	6.6	748
No	64.2	50.4	45.4	19.5	15.2	8.3	8.0	1,282

Table 12.4 B
Percentage of Young Adult Men Aged 15-24
Who Discussed The Indicated Family Life Education Topics
With a Parent Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	HIV/AIDS	How Pregnancy Occurs	Methods of Contraception	Other Sexually Transmitted Diseases	No. of Cases
Total	11.1	8.7	5.4	2.1	2.1	590
Strata						
Metro Tirana	20.4	18.3	7.2	5.8	5.2	234
Other Urban	17.4	13.3	8.7	2.2	3.4	177
Other Rural	4.9	3.2	3.2	0.9	0.3	179
Residence						
Urban	19.6	16.2	8.4	3.8	4.6	367
Rural	5.1	3.3	3.3	0.9	0.3	223
Age Group						
15-17	13.1	11.6	5.4	3.2	1.9	282
18-19	11.5	6.8	7.0	2.0	1.3	119
15-19	12.7	10.2	5.8	2.8	1.7	401
20-24	9.1	6.8	4.8	1.2	2.5	189
Education Level						
Primary or Less	5.2	3.1	3.0	0.8	0.2	264
Secondary Incomplete	21.9	19.0	8.7	4.4	3.7	178
Secondary Complete	9.0	6.4	5.4	1.1	3.2	106
Post-Secondary	28.6	25.8	13.5	8.0	8.0	42
Socioeconomic Index						
Low	8.6	5.5	4.6	8.0		222
Medium	10.5	8.6	5.4	2.6	3.1	282
High	28.1	26.3	10.1	6.6	7.8	86
Sexual Experience						
Yes	13.7	9.8	7.3	2.9	3.4	157
No	10.1	8.3	4.6	1.8	1.5	433

Table 12.5 A
Percentage of Young Adult Women Aged 15-24
Who Were Taught Indicated Family Life Education Topics in
School Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristic	Any Topic	Female Reproductive System	Menstrual Cycle	Male Reproductive System	How Pregnancy Occurs	HIV/ AIDS	Contraceptive Methods	Other Sexually Transmitted Diseases	No. of Cases
Total	76.8	66.9	65.9	63.0	57.2	52.5	24.1	23.5	2,030
Strata									
Metro Tirana	79.4	69.2	69.4	64.6	61.7	61.1	35.3	35.1	746
Other Urban	87.8	80.1	76.0	77.6	72.0	68.5	36.4	37.1	583
Other Rural	71.2	60.5	60.5	56.1	49.5	43.2	15.7	14.5	701
Residence									
Urban	86.4	77.7	75.2	74.8	69.7	68.2	37.5	38.2	1,193
Rural	70.8	60.2	60.1	55.7	49.4	42.8	15.7	14.4	837
Age Group									
15-17	83.5	74.4	73.4	70.6	63.0	64.5	29.0	28.8	658
18-19	80.3	69.3	69.1	65.8	61.1	56.9	26.1	25.5	436
15-19	82.2	72.4	71.7	68.6	62.2	61.4	27.8	27.5	1,094
20-24	70.2	60.1	58.7	56.1	51.0	41.5	19.4	18.7	936
Education Level									
Primary or Less	64.9	52.2	53.2	47.9	41.8	35.8	11.7	9.9	1,013
Secondary Incomplete	95.4	90.4	84.2	85.3	79.2	78.5	43.7	44.4	446
Secondary Complete	91.9	83.9	82.4	81.7	76.4	73.1	36.7	41.7	332
Post-Scondary	96.7	92.9	89.6	91.9	88.2	81.7	49.3	45.4	239
Socioeconomic Index									
Low	67.6	55.7	55.7	51.7	46.9	41.2	15.4	12.2	649
Medium	81.7	72.7	71.7	69.0	62.0	57.4	28.4	29.4	1,106
High	92.9	86.8	80.4	82.5	79.2	79.1	40.5	43.7	275

Table 12.5 B
Percentage of Young Adult Men Aged 15-24
Who Were Taught Indicated Family Life Education Topics in
School Before They Reached Age 18, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Any Topic	Female Reproductive System	Menstrual Cycle	Male Reproductive System	How Pregnancy Occurs	HIV/ AIDS	Contraceptive Methods	Other Sexually Transmitted Diseases	No. of Cases
Total	63.7	42.9	23.2	44.3	44.7	56.5	29.8	24.2	590
Strata									
Metro Tirana	67.4	44.6	24.9	45.8	47.2	61.4	32.9	26.4	234
Other Urban	75.1	53.6	33.0	53.6	54.8	67.1	36.3	32.0	177
Other Rural	56.9	37.1	17.8	39.1	38.7	49.5	25.6	19.6	179
Residence									
Urban	72.9	50.1	30.8	50.8	52.4	66.2	36.4	30.9	367
Rural	57.2	37.9	17.9	39.6	39.1	49.6	25.2	19.5	223
Age Group									
15-17	63.3	42.4	22.3	44.7	42.8	58.4	31.4	25.8	282
18-19	68.0	47.4	22.1	47.4	49.2	58.1	34.1	21.7	119
15-19	64.6	43.8	22.2	45.5	44.6	58.3	32.2	24.6	401
20-24	62.6	41.8	24.5	42.7	44.7	54.1	26.8	23.7	189
Education Level									
Primary or Less	47.5	30.8	15.5	30.8	29.5	38.7	17.0	15.9	264
Secondary Incomplete	80.8	57.2	27.1	61.3	60.5	76.3	41.8	29.8	178
Secondary Complete	77.6	47.6	28.4	49.0	55.9	71.9	40.4	29.1	106
Post-Secondary	91.9	77.8	58.1	79.0	76.5	82.4	59.0	58.3	42
Socioeconomic Index									
Low	54.8	34.1	14.8	35.8	35.5	44.9	20.7	15.1	222
Medium	69.0	47.7	26.7	48.6	48.3	64.6	34.1	28.5	282
High	85.6	66.7	51.6	68.0	75.7	77.9	57.9	52.0	86
Sexual Experience									
Yes	66.4	46.0	27.8	46.7	49.3	57.9	31.4	28.8	157
No	62.6	41.7	21.4	43.2	42.7	55.9	29.2	22.3	433

Table 12.6 A Percentage of Young Adult Women Aged 15-24 Who Were Taught in School About Indicated Family Life Education Topics by Specific Ages Reproductive Health Survey: Albania 2002

	Percent Who Have Taken Course By Age								
Торіс	<14	<15	<16	<17	<18	No. of Cases			
Female Reproductive System	10.6	54.4	60.1	65.9	66.9	2,030			
The Menstrual Cycle	12.9	56.7	61.8	65.2	65.9	2,030			
Male Reproductive System	9.2	51.4	56.4	61.9	63.0	2,030			
How Pregnancy Occurs	6.8	45.0	50.2	56.1	57.2	2,030			
HIV/AIDS	3.6	35.8	41.9	49.6	52.5	2,030			
Contraceptive Methods	1.4	13.4	16.8	21.9	24.1	2,030			
Other Sexually Transmitted Diseases	1.2	13.4	17.2	21.2	23.5	2,030			

Table 12.6 B Percentage of Young Adult Men Aged 15-24 Who Were Taught in School About Indicated Family Life Education Topics by Specific Ages Reproductive Health Survey: Albania 2002

	P	ercent WI	no Have T	aken Cour	se By Ag	je
Торіс	<14	<15	<16	<17	<18	No. of Cases
HIV/AIDS	8.7	34.6	44.4	52.9	56.5	590
Male Reproductive System	8.1	28	36.6	43	44.3	590
Female Reproductive System	7.8	27.1	35.4	41.7	42.9	590
How Pregnancy Occurs	7.6	26.2	37.6	43.6	44.7	590
The Menstrual Cycle	4.2	15.6	19.4	21.4	23.2	590
Contraceptive Methods	2.9	14.9	23.1	27.4	29.8	590
Other Sexually Transmitted Diseases	2.4	14.7	20.1	23.2	24.2	590

Table 12.7 A

Percent Distribution of The Most Important Source of Information Related to Sexual Matters,
Reported by Young Adult Women 15-24 Who Had Received
Any Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

Most Important Source of Information Related to Sexual Matters								_				
Characteristic	Teacher	Radio/ TV	Books/ Newspapers/ Magazines	Co-Worker/ Peer	Mother/ Father	Other Relative	Boyfriend/ Friends	Partner/ Husband	Doctor/Nurse/ Midwife	Don't Know	Total	No. of Cases
Total	48.8	23.7	9.9	7.6	3.9	2.0	3.0	0.3	0.5	0.4	100.0	1,599
Strata												
Metro Tirana	45.6	19.7	12.7	7.2	8.0	1.6	4.0	0.1	0.8	0.3	100.0	599
Other Urban	46.1	20.2	12.4	8.7	4.8	2.8	4.0	0.5	0.4	0.0	100.0	511
Other Rural	51.2	26.8	7.6	7.1	2.3	1.7	2.2	0.2	0.4	0.6	100.0	489
Residence												
Urban	45.6	20.0	12.6	8.3	5.9	2.4	4.1	0.4	0.6	0.1	100.0	1,027
Rural	51.2	26.5	7.8	7.0	2.5	1.7	2.2	0.1	0.4	0.5	100.0	572
Age Group												
15-17	55.7	22.9	7.8	5.1	4.1	1.8	1.9	0.0	0.6	0.0	100.0	563
18-19	46.4	21.4	15.2	7.1	4.2	2.2	2.8	0.3	0.2	0.3	100.0	357
15-19	52.0	22.3	10.7	5.9	4.1	2.0	2.3	0.1	0.5	0.1	100.0	920
20-24	44.1	25.8	8.7	10.0	3.7	2.1	4.1	0.5	0.4	0.7	100.0	679
Education Level												
Primary or Less	46.9	28.0	6.1	9.4	2.7	2.6	2.8	0.4	0.5	0.5	100.0	631
Secondary Incomplete	54.3	21.2	9.3	5.2	5.6	1.9	2.1	0.0	0.4	0.1	100.0	431
Secondary Complete	47.5	19.3	16.5	5.8	4.3	0.6	4.8	0.3	0.3	0.6	100.0	304
Post-Secondary	47.9	15.3	18.9	6.5	6.1	1.6	2.9	0.0	0.6	0.0	100.0	233
Socioeconomic Index												
Low	50.7	26.6	7.4	7.0	2.4	1.3	3.0	0.3	0.6	0.7	100.0	422
Medium	47.6	23.2	10.9	8.0	4.0	2.7	2.8	0.3	0.4	0.2	100.0	915
High	48.4	15.8	13.1	7.5	9.3	0.7	4.4	0.0	0.8	0.0	100.0	262
Sexual Experience												
Yes	39.5	27.4	7.3	10.1	5.0	3.1	5.7	0.9	0.5	0.4	100.0	524
No	52.4	22.3	10.9	6.6	3.5	1.6	2.0	0.0	0.5	0.3	100.0	1,075

Table 12.7 B

Percent Distribution of The Most Important Source of Information Related to Sexual Matters,
Reported by Young Adult Men 15-24 Who Had Received
Any Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Most Important Source of Sexual Information Related to Sexual Matters										
<u>Characteristic</u>	Teacher	Radio/TV	Books/ Newspapers, Magazines	Co-Worker/ Peer	Girlfriend/ Friends	Mother/ Father	Doctor	Other Relative	Don't Know	Total	No. of Cases
Total	53.3	21.4	17.8	3.8	1.6	1.1	0.7	0.1	0.3	100.0	400
Strata											
Metro Tirana	46.1	22.1	20.4	5.7	1.9	2.1	1.2	0.6	0.0	100.0	161
Other Urban	61.6	18.2	13.6	3.8	0.8	1.2	0.0	0.0	8.0	100.0	137
Other Rural	50.8	23.2	19.5	3.0	2.0	0.5	1.0	0.0	0.0	100.0	102
Residence											
Urban	56.2	18.4	16.5	4.9	1.3	1.7	0.5	0.0	0.5	100.0	272
Rural	50.8	24.0	19.0	2.8	1.8	0.5	1.0	0.2	0.0	100.0	128
Age Group											
15-17	61.0	15.8	16.5	2.8	2.0	0.6	1.2	0.0	0.0	100.0	186
18-19	52.2	21.7	15.8	8.1	0.4	1.8	0.0	0.0	0.0	100.0	86
15-19	58.4	17.6	16.3	4.4	1.5	1.0	0.9	0.0	0.0	100.0	272
20-24	46.6	26.4	19.8	3.0	1.7	1.1	0.5	0.3	0.6	100.0	128
Education Level											
Primary or Less	44.0	24.2	20.9	6.1	1.5	1.0	1.3	0.3	0.7	100.0	126
Secondary or Greater	59.1	19.6	15.9	2.4	1.6	1.1	0.4	0.0	0.0	100.0	274
Socioeconomic Index											
Low	45.1	29.7	16.8	5.5	1.3	0.0	1.2	0.3	0.0	100.0	122
Medium	60.6	16.5	17.0	2.3	2.1	1.1	0.0	0.0	0.5	100.0	207
High	52.3	12.3	24.3	4.0	0.5	4.7	1.9	0.0	0.0	100.0	71
Sexual Experience											
Yes	50.2	26.3	14.5	2.9	1.2	3.0	0.7	0.4	0.8	100.0	111
No	54.7	19.2	19.2	4.2	1.7	0.2	0.7	0.0	0.0	100.0	289

Table 12.8 A Percent Distribution of The Most Important Source of Information Related to Sexual Matters, Reported by Young Adult Women 15-24 Who Never Received Sex Education in School, by Selected Characteristics Reproductive Health Survey: Albania 2002

		Most I	mportant S	ource o	of Inform	ation Re	lated to	Sexual	Matters			
Characteristic	Radio/ TV	Co-Worker/ Peer	Books/ Newspapers/ Magazines	Mother/ Father	Other Relative	Boyfriend/ Friends	Partner/ Husband	Doctor	Teacher	Don't Know	Total	No. of Cases
Total	43.9	15.1	5.9	10.7	9.0	4.3	2.4	0.4	2.0	6.3	100.0	431
Strata												
Tirana	49.3	12.1	6.8	15.3	7.6	1.5	4.5	0.5	0.0	2.4	100.0	147
Other Urban	41.7	20.0	9.1	6.7	6.9	1.7	5.1	2.1	2.8	4.0	100.0	72
Rural	43.3	14.8	5.1	10.6	9.6	5.4	1.5	0.0	2.3	7.5	100.0	212
Residence												
Urban	43.3	15.6	9.1	12.2	6.3	1.9	5.5	1.3	1.7	3.0	100.0	166
Rural	44.0	15.0	4.9	10.3	9.7	5.1	1.5	0.1	2.1	7.2	100.0	265
Age Group												
15-17	40.2	10.6	6.0	12.1	11.2	2.2	0.0	0.0	5.2	12.3	100.0	95
18-19	50.2	16.8	6.5	6.3	8.1	3.8	3.4	0.0	3.4	1.5	100.0	79
15-19	44.7	13.4	6.2	9.5	9.8	3.0	1.5	0.0	4.4	6.5	100.0	174
20-24	43.3	16.5	5.6	11.6	8.3	5.4	3.0	0.6	0.3	5.4	100.0	257
Education Level												
Primary or Less	43.8	14.9	5.8	11.3	8.5	4.4	2.7	0.1	1.6	7.0	100.0	382
Secondary or Greater	44.5	17.7	6.5	5.7	12.9	4.1	0.0	2.9	5.7	0.0	100.0	49
Socioeconomic Index												
Low	43.6	13.9	6.6	9.4	11.1	5.6	1.0	0.0	2.6	6.1	100.0	227
Medium	44.5	17.0	4.8	12.8	5.8	2.8	3.6	0.9	1.4	6.4	100.0	191
High	**	**	**	**	**	**	**	**	**	**	**	13

^{**} Percentages are not shown when base is less than 25 cases.

Table 12.8 B
Percent Distribution of The Most Important Source of Information Related to Sexual Matters,
Reported by Young Adult Men 15-24 Who Never Received
Sex Education in School, by Selected Characteristics
Reproductive Health Survey: Albania 2002

	Most Important Source of Information Related to Sexual Matters										
Characteristic	Radio/TV	Co-Worker/ Peer	Books/ Newspapers, Magazines	Teacher	Mother/ Father	Girlfriend/ Friends	Doctor	Other Relative	Don't Know	Total	No. of Cases
Total	52.5	19.8	4.7	2.4	2.0	1.6	1.3	0.2	15.6	100.0	190
Strata											
Metro Tirana	52.7	14.4	0.0	4.8	2.6	5.5	7.9	0.0	12.1	100.0	73
Other Urban	34.8	38.7	4.8	1.3	1.3	1.3	0.0	1.3	16.4	100.0	40
Other Rural	57.5	15.7	5.8	2.0	2.0	0.7	0.0	0.0	16.2	100.0	77
Residence											
Urban	43.8	26.5	2.9	3.3	2.2	3.3	3.5	0.8	13.7	100.0	95
Rural	56.5	16.8	5.5	1.9	1.9	8.0	0.3	0.0	16.4	100.0	95
Age Group											
15-17	61.8	14.3	3.2	3.2	3.2	1.3	0.0	0.6	12.4	100.0	96
18-19	45.3	34.0	0.0	1.7	4.8	1.7	0.8	0.0	11.7	100.0	33
15-19	57.6	19.4	2.4	2.8	3.6	1.4	0.2	0.4	12.2	100.0	129
20-24	46.3	20.3	7.4	1.8	0.0	1.8	2.7	0.0	19.7	100.0	61
Education Level											
Primary or Less	54.4	21.9	1.8	1.8	2.2	0.9	1.2	0.3	15.5	100.0	138
Secondary or Greater	47.0	13.7	12.9	4.0	1.4	3.7	1.5	0.0	15.8	100.0	52
Socioeconomic Index											
Low	46.9	25.6	0.0	2.6	2.2	0.7	0.0	0.4	21.6	100.0	100
Medium	60.2	12.6	12.3	2.1	1.5	3.1	0.5	0.0	7.7	100.0	75
High	**	**	**	**	**	**	**	**	**	**	15
Sexual Experience											
Yes	49.6	19.9	3.3	2.9	1.6	2.9	3.7	0.0	16.1	100.0	46
No	53.6	19.8	5.2	2.1	2.1	1.1	0.4	0.3	15.4	100.0	144

^{**} Percentages are not shown when base is less than 25 cases.

Table 12.9 A

Knowledge of Young Adult Women Aged 15-24, on Selected Reproductive Health Issues by Whether or Not Specific Topics Were Discussed With a Parent or Taught in School (Percent Distribution)

Reproductive F	lealth Su	rvey: Alban	ia 2002		
			Menstrual h Parents	Taught in About Mens	n School strual Cycle
Most Likely to Become Pregnant During Menstrual Cycle	Total	Yes	No	Yes	No
Just Before Her Periods Starts	2.7	2.8	2.6	3.4	1.3
During Her Periods	0.8	1.2	0.5	1.0	0.6
Right After Period Ends	14.8	15.7	14.0	13.7	17.1
Halfway Between Periods	14.7	20.9	8.3	18.7	7.0
Do Not Know	66.9	59.5	74.6	63.2	74.1
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	2,030	1,109	921	1,389	641
		Pregnancy	sed How Occurs With ents	Taught in S How Pregna	
Breastfeeding Affect on Getting Pregnant	Total	Yes	No	Yes	No
Increases The Chance	5.6	7.1	5.2	4.7	6.8
Decreases The Chance	11.5	19.2	9.4	12.7	9.8
Has No Effect	12.4	10.0	13.1	12.7	12.0
Do Not Know	70.5	63.7	72.3	69.9	71.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	2,030	510	1,520	1,225	805
		Pregnancy	sed How Occurs With ents	Taught in So	
Possibile to Get Pregnant at First Intercourse	Total	Yes	No	Yes	No
Agree	49.1	63.0	45.4	52.8	44.1
Disagree	21.1	17.8	22.0	20.1	22.4
Do Not Know	29.8	19.2	32.7	27.0	33.5
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	2,030	510	1,520	1,225	805

Table 12.9 B

Knowledge of Young Adult Men Aged 15-24, on Selected Reproductive Health Issues by Whether or Not Specific Topics Were Discussed With a Parent or Taught in School (Percent Distribution)

Reproductive Health Survey: Albania 2002

	- Total		ow Pregnancy ith Parents	Taught In School About How Pregnancy Occur		
Breastfeeding Affect on Getting Pregnant		Yes	No	Yes	No	
Increases the Chance	0.7	1.3	0.7	0.8	0.6	
Decreases the Chance	9.8	29.6	8.7	12.6	7.6	
Has No Effect	9.2	8.6	9.2	16.0	3.6	
Do Not Know	80.3	60.5	81.4	70.6	88.1	
Total	100.0	100.0	100.0	100.0	100.0	
No. of Cases	590	39	551	282	308	
			ow Pregnancy th Parents	Abou	in School It How cy Occurs	
Possible to Get Pregnant at First Intercourse	Total	Yes	No	Yes	No	
Agree	51.9	69.6	50.9	57.0	47.9	
Disagree	19.4	4.1	20.3	23.4	16.3	
Do Not Know	28.6	26.3	28.7	19.7	35.8	
Total	100.0	100.0	100.0	100.0	100.0	
No. of Cases	590	39	551	282	308	

CHAPTER 13

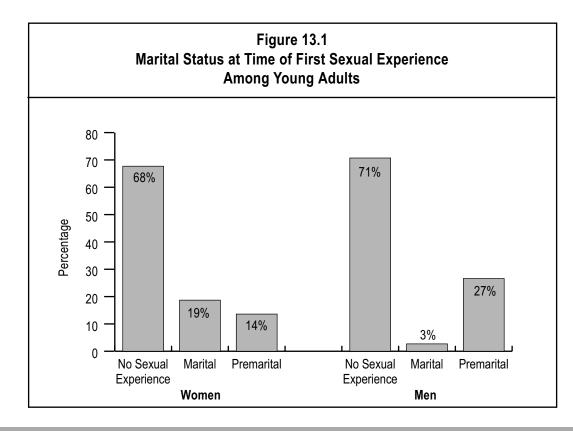
YOUNG ADULT SEXUAL AND CONTRACEPTIVE EXPERIENCE

Sexual Experience

young adult module included questions on age and partner at first sexual intercourse, as well as use of contraception for those with sexual experience. The first sexual relation was classified as premarital or marital as has been done in other countries of Eastern Europe (CDC and MACRO, 2003). This classification was obtained from three specific questions in the survey instrument: the dates of the first sexual relation and first marriage (or consensual union), if ever married, and the relationship to the partner at the time of this first sexual experience. If the first partner was reported to be a husband or wife, the dates of first sexual experience and first marriage (or consensual union) were compared to determine if the first sexual experience was marital or pre-marital. If the first sexual experience occurred at least

one month prior to the date of marriage, this was classified as pre-marital.

As shown in Table 13.1A and Figure 13.1, 32% of young adult women reported sexual experience, of which slightly less than half (14% of the total) are classified as having premarital sex. Sexual experience varies by residence, with slightly higher proportions of urban women having had sexual experience. Premarital sex, in particular, is reported by a greater proportion of urban women (23%) than rural women (8%). The sexual experience rate increases with age and is eight times higher for older young adults 22–24 years of age (66%) than for adolescents 15-17 years of age (8.5%), although, among sexually experienced young women, adolescents are more likely to have had premarital sex compared with marital sex.



Among 15-17 year olds, 5% have had premarital sex and only 3% marital sex; whereas for 22-24 year olds, 23% have had premarital sex while 43% report first sex after marriage. For both educational level and socioeconomic status, there is a positive association with premarital first intercourse. For example, among the least educated, 25% of women had first intercourse after marriage and 11% had premarital first intercourse, and among those with postsecondary education, only 7% had had postmarital first intercourse while 28% had premarital first intercourse. A similar pattern is observed for socioeconomic status, with marital first intercourse declining from 19.5% to 12.5% and premarital first intercourse increasing from 8% to 32% with increasing socioeconomic level.

Twenty-nine percent of the young adult men reported sexual experience (Table 13.1B and Figure 13.1). The great majority were classified as premarital (27% compared to 3% marital). Premarital sexual experience rates tend to be higher for urban men and increase with age, educational attainment and socioeconomic status. The variation in sexual experience rates among young adult men is almost entirely due to premarital sexual experience. Thus, 40% of young men in Metro Tirana, 61% of all 22-24 year olds, 79% of those with postsecondary education, and 47% of young men with a high socioeconomic level have had premarital sexual intercourse.

Table 13.2 shows young adult female sexual experience rates for Albania in the context of other reproductive health and demographic health surveys for countries in its region. It appears that Albania's rates have more in common with countries in the Caucasus region

than Eastern Europe in terms of the overall level of sexual experience. With regard to rates of premarital sexual experience, however, Albania resembles neither Eastern Europe nor the Caucasus. Albania's rates of premarital sex (7% of 15–19 year olds and 21% of 20–24 year olds) are substantially lower than Eastern Europe rates but substantially higher than those for Azerbaijan and Georgia.

First Sexual Intercourse

The relationship to their first partner is shown for females in Table 13.3A and for males in Table 13.3B. As previously noted, 58% of sexually experienced young adult women were married at the time of their first sexual encounter (Table 13.3A). Another 35% reported their partner to be their fiancée. A much higher proportion of women who live in rural areas (74%) had their first sexual experience with their husband than did their counterparts in urban areas (37%). Marital sex is inversely related to educational attainment and socioeconomic status. Most premarital sex is reported to have been with a fiancée or boyfriend. There is no evidence of casual sex at first sexual experience among the women. However, post-secondary education is the only group to report most first partners to be a "boyfriend" rather than their "fiancée."

Most of the men indicated that their first partner was a "girlfriend" (43%) (Table 13.3B). Only 9% of young men reported their first sexual experience to be with their "wife/consensual partner." Overall, the young men were more likely to report first sex with weaker relationships than the young women. Thirty-two percent of young men reported first sex with a "friend" or "lover" and 7% with an "acquaintance" compared to only 0.2% of young women reporting first sex with a

"friend" and none with an "acquaintance." The young men show the same direction of association as the young women between premarital relationship and the selected sociodemographic variables, although at much higher levels of premarital sex. Only 1% of sexually experienced young men reported first sex with a prostitute.

Tables 13.4A and 13.4B show the percentages that have had sexual intercourse by a given age for young women and men, respectively. We can see that a very low percentage (1%) of young women and men have had sex before the age of 15. Percentages having had sex by specific ages are quite similar for women and men. Thirteen percent of young adult women and 12% of young adult men have had sexual intercourse before age 18, and 30% of women and 27% of men have had sex before age 22.

Among both women and men, those living in urban areas and having highest socioeconomic status are more likely to have a young age at first sex than young adults in rural areas or with low SES. Women whose first sexual experience was premarital also report a younger age at first sex than those who were married at first sex. With respect to educational level, however, women and men have distinctly different patterns. The least educated women have younger ages at first sex compared to better educated women, but among men it is the most educated that have the youngest ages at first sex.

Tables 13.5A and B present the age differences between young adults and their sexual partners at first sexual experience. Approximately 2% of the young adult women reported their first partner to be younger (Table 13.5A). Three-quarters of the women (73%) report a wide age

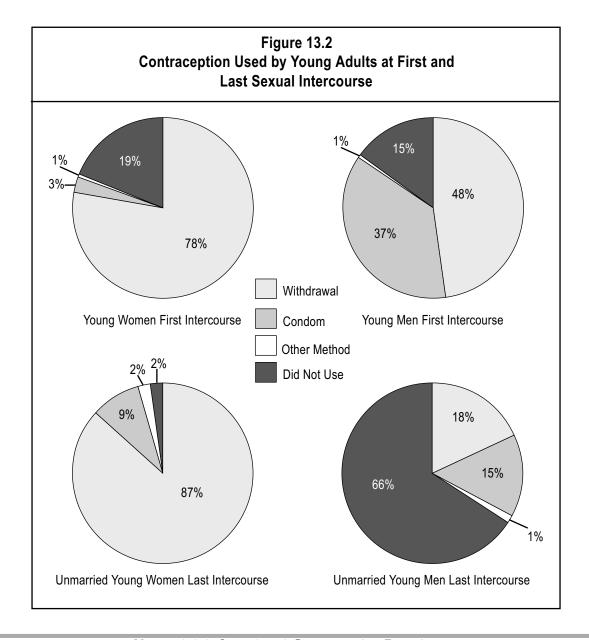
difference of five years or more between themselves and their first partner. There are not strong effects of residence or marital status at first sex on the age difference at first sex. However, the largest age difference appears to be negatively associated with age at first sex.

Among the young adult men, again the evident norm is that the men tend to be older than their female partner (Table 13.5B). Fifty-six percent report having been older than their first partner. However, another 13% report having had a first partner older than themselves. These older partners among males suggests that young men are sometimes initiated into sex with older women, a result found in other countries for which male data are available (E Ferraz et al., 1992; L Morris et al., 1995; R Tejada, J Herold and L Morris, 1997). The younger the age at first sex, the more likely the man had an older first partner.

In Table 13.6A, four-fifths (81%) of sexually experienced young women reported that they or their partner used a contraceptive method at first sexual relationship; 74% of those with marital sex and 91% of those with premarital sex. Figure 13.2 shows that 77% of all women reported use of withdrawal at first sexual intercourse and only 4% used another method. Thus, among contraceptors, almost all women who reported using a method said that their partner used withdrawal at first sexual experience (96%) (Table 13.6A). Use of withdrawal does not show an association with residence or age at first sex. In all groups except those with a post-secondary education, more than 91% of users used withdrawal. Condom use, while at low levels, tends to be higher for premarital intercourse and to be positively related to educational attainment and socioeconomic status.

At first sexual experience, 85% of young adult men report using contraception, closely divided between condoms (37%) and withdrawal (47%) (Figure 13.2). Among contraceptive users, 56% of men used withdrawal at first intercourse, while 43% used condoms (Table 13.6). The relative weight of condoms vs. withdrawal varies by several sociodemographic characteristics. Overall contraceptive use at first sex tended to be higher in rural areas than in urban areas among

the men. This can be attributed to the much higher use of withdrawal in rural areas (67%) compared to urban areas (42%), although again interpreted with caution due to small sample size. At the same time, condom use was only 33% of users in rural areas compared to 57% in urban areas. Condoms are more likely to be used at first sex by urban and younger men, more educated men and young men from higher socioeconomic groups. The patterns for withdrawal are the reverse of those for condoms for these variables.



Reasons for not using contraception at first sex are shown for young adult women in Table 13.7. Three-quarters of young women reported that they did not use contraception because they wanted to become pregnant. For women who were married at first sexual experience. this proportion reaches 85%, compared with 23% for women whose first sexual experience was premarital. Only 4% reported they did not know about contraception and 4% said they thought contraceptives harmful. were Although the sample size is especially low for women who had premarital sex, they reported a high frequency of "fear of side effects" (18%) and "sexual intercourse was unexpected" (17%). Reasons for not using contraception cannot be calculated for the young adult men, because too few men (n=29) reported no contraception at first sex

Current Sexual Activity

First sexual experience does not always reflect current sexual activity, especially among unmarried young adults. For all reproductive age women, particularly the married, the sexually active are conventionally defined as those having had sex in the month prior to the survey. Unmarried young adults, however, are known to have more sporadic sexual encounters, and consequently sexually active are variously defined as having had sexual intercourse in the last 30 days, the last two months or the last three months prior to interview. In Table 13.8, we can see the differences in sexual activity by marital status for young adult women and men. While all of the married women have had sexual experience, only 7 percent of 15-24 year old divorced, widowed, and never married women report having had

sexual experience (Table 13.8). The age difference in sexual experience reflects higher proportions married among 20-24 year olds. The recency of sexual activity by marital status shows that two-thirds (65%) of married women had sexual intercourse in the last month, and of those who did not have recent sexual intercourse the majority were pregnant or postpartum (19%). Among sexually experienced unmarried women, however, only about half had intercourse in the last 30 days, none report being pregnant or postpartum, and half reported the last sexual experience more than a month ago.

The pattern of current sexual activity for young men is similar to that of young women (Table 13.8). All married 15–24 year olds report having sexual experience, with 92% having had sex in the last 30 days, and 5% abstaining due to their wife's pregnancy. At the same time, 25% of widowed, divorced and never married men reported having had sex, with 17% reporting last sex in the last 30 days and 7% reporting last sexual intercourse more than one month ago.

Recent contraceptive use among young adult women is exceptionally high, although there is very low use of modern methods. Table 13.9A shows that 76% of sexually experienced women 15-24 years of age used contraception at last intercourse. When marital status is controlled, the percentage jumps to 98% for unmarried women (Table 13.9 and Figure 13.2). This high level of contraceptive use is due almost exclusively to the withdrawal method, which was reported to have been used by 69% of married women and 87% of unmarried women at last sexual intercourse. Unmarried women have a higher rate of use of modern methods compared to married women (11% vs. 3%, respectively), with these rates reflecting use of the condom. Two percent of married young adult women and 9% of the unmarried reported using a condom at last sexual experience.

In contrast to the young adult women, only 41% of sexually experienced young adult men report having used contraception at last intercourse (Table 13.9B). The breakdown by marital status is 68% among the married and 34% among the unmarried. The small number of cases in the denominator of these rates, however, would produce a large margin of error for the young men and thus give us less confidence in the percentages shown. However, it is clear that withdrawal is the major method and condom the only modern method. There is no use of modern methods reported by the married, and modern method use among the unmarried men is due entirely to the condom. Indeed, condom rates are at similar levels to withdrawal among the unmarried young adult men (15% and 18%, respectively) (Figure 13.2).

When nonusers of contraception were asked why they currently were not using, 44% of the sexually experienced young women responded that they were not sexually active – that is, approximately one-third of the married and almost all of the unmarried (Table 13.10). The remainder of the married young adult women said they were not using for pregnancy related reasons, either they were pregnant, trying to get pregnant, or they were postpartum. Ninety percent of the nonusing young adult men also reported no current sexual activity as

their reason for not using contraception. Seven percent gave a pregnancy-related reason (data not shown).

Tables 13.11A and B show the number of sexual partners reported by sexually experienced young adults. Among the women, 11% reported no sexual partner in the last three months and 88% reported only one partner in that time period. Unmarried women are more likely to report no sexual partner compared to married women. There is little variation by educational level. Moreover, very few of the women report more than one sexual partner in their lifetime, less than 1% of married women and 15% of sexually experienced unmarried women. A larger proportion of the young men (compared to the women) reported no sexual partner in the last three months. that is, 34%. Very few men reported more than one sexual partner in the last three months (5%), and there was no variation in this percentage by educational level. A greater proportion of young men than young women had more than one sexual partner in their lifetime. Fifty-two percent of married men and 77 percent of unmarried men reported two or more lifetime sexual partners.

Attitudes toward Condom Use

Sexually experienced young adults were asked a series of questions meant to measure attitudes towards condom use. Table 13.12 shows the results for this series of attitudinal questions for women and men. Positive attitudes were more prevalent among persons who had used condoms in the past compared to never users of condoms. Almost 100% of young female and male ever-users agreed with the statement, "Using condoms with a

new partner is a smart idea." Two-thirds of females and males who had ever used condoms agreed with the statement, "It is easy to discuss using a condom with a prospective partner." The item, "Women should ask their partners to use condoms," received 73% agreement from the women but only 46% from men, and "Condoms diminish sexual pleasure was agreed to by 57% of women and 77% of men. Less than 50% of male and female ever-users agreed to such statements as "Using condoms is not necessary if you know your partner," "It's embarrassing to ask for condoms in family planning clinics or pharmacies," and "People who use condoms sleep around a lot."

Never-users of condoms presented a different pattern of response to the condom attitude questions than everusers. Only around 50% of both females and males agreed with the statement, "Using condoms with a new partner is a smart idea." One-third or fewer of both sexes agreed with "Women should ask their partners to use condoms," and "It is easy to discuss using a condom with a prospective partner." Moreover, half of the women and 57% of men believe "Using condoms is not necessary if you know your partner." The young male ever-users are more likely to have negative attitudes towards condoms than the young female ever-users, as is demonstrated by their agreement with, "People who use condoms sleep around a lot" and "It is embarrassing to ask for condoms in family planning clinics or pharmacies."

It is important to point out that very few young adults, whether ever-users or never-users or male or female, agreed with the statement, "The same condom can be used more than once." Another result that deserves attention is the high proportion of never-users who responded "don't know" to the condom attitude questions.

In Tables 13.13A & B we have the percentage of sexually experienced young adults who agreed with statements about personal reactions to a partner requesting the use of condoms for sexual intercourse. Two-thirds of the women and 84% of the men agreed that they would feel safe from pregnancy. As for safety from STDs or HIV/AIDS, 62% of women and 74% of men felt agreement with that statement. These positive reactions were more common for women in urban areas, with higher levels of education and who had ever used condoms. Among men, among the selected variables, only ever use of condoms appeared to have an effect on positive attitudes. For both young women and men, there appeared to be no age effect on positive responses.

The negative items for this question were, [would you feel] "Insulted or angry," "Like you had done something wrong," and "Suspicious that he/she may sleep around." Less than one-third of both women and men agreed with the negative items. Among women, rural residence and never use of condoms tended to increase the percentage agreement with negative attitudes. There was no clear age or education effect. Among men, however, agreement with negative attitudes was greater for rural than urban residents, the youngest men, the less educated men, and never users of condoms

Finally, Table 13.14 shows the percentages of young adults who have ever talked with a partner about using

condoms. Twenty-four percent of the sexually experienced young adult women and 58% of the young men responded affirmatively to the question. Talking with a partner about condom use is positively associated with urban residence, educational level and past condom use, but appears to have no relationship with age among 15–24 year olds of both sexes. The strong association with educational level is shown in Figure 13.3.

Twenty-seven percent of all young adult men said they had tried to obtain a condom in the last 12 months, and all of those who tried were successful in obtaining condoms (data not shown). Among the 81 young men who had obtained condoms, 51% said they have had condoms in their possession almost all or all of the time in the last 12 months (data not shown). The brands of condoms reported to be most often obtained were "For You" (47%), "Love Plus" (19%), "For You More" (13%), and "Durex" (1%).

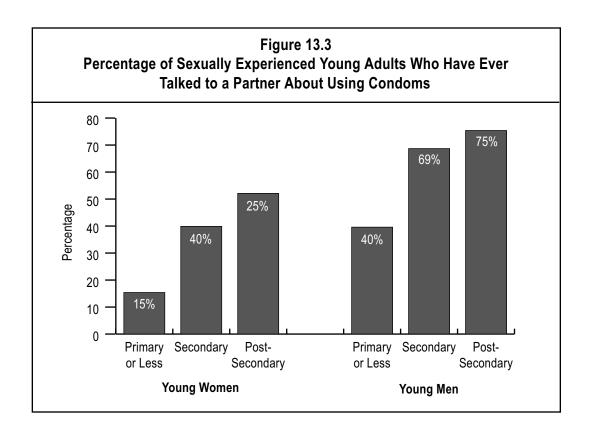


Table 13.1 A

Percent Distribution of Reported Sexual Experience by Marital Status at Time of
First Sexual Experience by Selected Characteristics
Among Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	No Sexual -	Sexual E	Experience	_	
Characteristics	Experience	Marital	Premarital	Total	No. of Cases
Total	67.7	18.7	13.6	100.0	2,030
Strata					
Metro Tirana	61.2	17.1	21.7	100.0	746
Other Urban	66.1	12.6	21.3	100.0	583
Other Rural	70.1	21.8	8.1	100.0	701
Residence					
Urban	64.2	13.1	22.7	100.0	1,193
Rural	69.8	22.2	8.0	100.0	837
Current Age					
15-17	91.5	3.4	5.1	100.0	658
18-19	78.3	10.9	10.8	100.0	436
20-21	59.0	21.6	19.5	100.0	393
22-24	33.7	43.4	22.9	100.0	543
Age Group					
15-19	86.2	6.5	7.4	100.0	1,094
20-24	44.8	33.8	21.4	100.0	936
Education Level					
Primary or Less	63.5	25.2	11.3	100.0	1,013
Secondary	75.8	9.7	14.5	100.0	778
Post-Secondary	65.2	6.8	28.0	100.0	239
Socioeconomic Index					
Low	72.8	19.5	7.7	100.0	649
Medium	65.5	19.0	15.5	100.0	1,106
High	55.7	12.5	31.8	100.0	275

Table 13.1 B
Percent Distribution of Reported Sexual Experience by
Marital Status at Time of First Experience
by Selected Characteristics, Among Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

		Sexual I	Experience	_	
Characteristics	No Sexual Experience	Marital	Premarital	Total	No. of Cases
Total	70.7	2.7	26.6	100.0	590
Strata					
Metro Tirana	55.9	4.3	39.8	100.0	234
Other Urban	70.5	0.6	28.9	100.0	177
Other Rural	75.8	3.2	21.0	100.0	179
Residence					
Urban	65.6	1.4	33.0	100.0	367
Rural	74.3	3.6	22.1	100.0	223
Current Age					
15-17	97.8	0.0	2.2	100.0	282
18-19	88.9	0.0	11.1	100.0	119
20-21	49.2	3.7	47.1	100.0	74
22-24	31.3	8.1	60.6	100.0	115
Age Group					
15-19	95.2	0.0	4.8	100.0	401
20-24	38.7	6.3	55.1	100.0	189
Education Label					
Primary or Less	76.0	4.2	19.8	100.0	264
Secondary	71.0	1.4	27.6	100.0	284
Post-Secondary	21.4	0.0	78.6	100.0	42
Socioeconomic Index					
Low	82.5	3.1	14.3	100.0	222
Medium	61.5	2.8	35.7	100.0	282
High	52.8	0.0	47.2	100.0	86

Table 13.2

Percent Distribution of Reported Sexual Experience by Marital Status at Time of First Sexual Experience by Current Age Among Young Women Aged 15–24

Reproductive and Demographic Health Surveys (RHS and DHS)

In Selected Eastern European and Former Soviet Union Countries
Albania Reproductive Health Survey 2002, Final Report

	Reporte	d Sexual Experie	ence		No. of
Region and Country	No Sexual Experience	After Marriage	Before Marriage	Total	Cases
Eastern Europe			-		
Albania, 2002					
15–19	86	7	7	100	1,094
20–24	45	34	21	100	936
Total	68	19	14	100	2,030
Czech Rep., 1993					
15–19	46	Ť	54	100	646
20–24	2	1	97	100	737
Total	27	t	73	100	1,383
Moldova, 1997					
15–19	79	6	14	100	747
20–24	17	43	40	100	910
Total	50	23	26	100	1,657
Romania, 1999					
15–19	74	4	22	100	924
20–24	22	20	58	100	1,239
Total	47	13	41	100	2,163
Russia, 1999*					
15–19	51	†	49	100	748
20–24	8	5	87	100	1,058
Total	25	3	71	100	1,806
Ukraine, 1999					
15–19	68	3	30	100	1,079
20–24	12	15	73	100	1,151
Total	40	9	51	100	2,230
Caucasus					
Azerbaijan, 2001					
15–19	90	10	†	100	1,207
20–24	53	45	3	100	1,207
Total	74	25	1	100	2,414
Georgia, 1999					
15–19	84	15	†	100	1,142
20–24	47	50	2	100	1,246
Total	67	31	1	100	2,388

^{*} Yekaterinburg, Perm, and Ivanovo, respectively (predominantly urban sample).

[†] Less than 0.5%.

Source: Goldberg H et al., 1993, KIIS and CDC, 2001; MACRO International 1995-2001; Serbanescu et al., 1998, 2001, 2001, 2003; VCIOM and CDC, 1998, 2000.

Table 13.3 A

Percent Distribution of Relationship to Partner at First Sexual Intercourse
Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	Relation	ship at Fire	st Sexual	Intercour	se	_	
Characteristics	Husband/ Consensual Partner	Fiancee	Boy- friend	Friend	Rape	Total	No. of Cases
Total	57.9	34.5	7.4	0.2	0.1	100.0	747*
Strata							
Metro Tirana	44.2	33.3	21.6	0.3	0.6	100.0	313
Other Urban	37.1	51.2	11.3	0.4	0.0	100.0	203
Other Rural	72.9	26.5	0.6	0.0	0.0	100.0	231
Residence							
Urban	36.6	46.2	16.6	0.4	0.3	100.0	462
Rural	73.5	25.9	0.6	0.0	0.0	100.0	285
Age 1st Sex							
< 18	52.8	39.6	7.1	0.3	0.3	100.0	305
18-19	57.6	31.6	10.7	0.2	0.0	100.0	254
20-24	65.7	30.2	4.1	0.0	0.0	100.0	188
Marital Status at 1st Sex							
Premarital	0.0	81.9	17.5	0.4	0.3	100.0	371
Marital	100.0	0.0	0.0	0.0	0.0	100.0	376
Education Level							
Primary or Less	69.0	29.6	1.4	0.1	0.0	100.0	434
Secondary	40.0	48.7	10.7	0.4	0.2	100.0	218
Post-Secondary	19.6	31.6	47.8	0.0	0.9	100.0	95
Socioeconomic Index							
Low	71.6	28.0	0.4	0.0	0.0	100.0	222
Medium	55.1	36.6	8.0	0.2	0.1	100.0	406
High	28.3	44.4	26.1	0.4	0.7	100.0	119

^{*} Excludes one case with missing information on age at first sexual intercourse

Table 13.3 B
Percent Distribution of Relationship to Partner at First Sexual Intercourse
Among Sexually Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

	Relationship at First Sexual Intercourse							_		
Characteristics	Wife/ Consensual Partner	Fiancee	Girlfriend	Lover	Friend	Just Met Acquaintance	Prostitute	Unknown	Total	No. of Cases
Total	9.3	1.7	42.7	18.7	13.6	6.9	1.1	6.0	100.0	156
Strata										
Metro Tirana	9.9	2.7	42.0	17.6	11.5	11.9	0.0	4.5	100.0	81
Other Urban	2.0	0.0	50.9	13.3	21.5	2.0	2.0	8.2	100.0	40
Other Rural	13.4	2.2	38.1	22.5	10.1	6.7	1.2	5.6	100.0	35
Residence										
Urban	4.2	0.5	49.3	14.9	17.5	5.8	1.1	6.6	100.0	106
Rural	14.2	2.9	36.5	22.2	9.9	7.9	1.1	5.5	100.0	50
Age 1st Sex										
< 18	2.5	0.6	46.3	22.6	11.8	5.0	1.3	9.8	100.0	73
18-19	7.9	0.0	40.1	13.1	25.8	6.2	0.0	7.0	100.0	44
20-24	19.9	5.0	40.4	18.7	4.2	10.0	1.8	0.0	100.0	39
Marital Status at 1st Sex										
Premarital	0.0	1.9	47.1	20.6	15.0	7.6	1.2	6.6	100.0	142
Marital	**	**	**	**	**	**	**	**	**	14
Education Level										
Primary or Less	17.5	1.2	32.5	18.6	16.4	4.5	1.3	8.0	100.0	54
Secondary	4.7	3.0	50.2	15.7	10.4	9.6	1.3	5.0	100.0	73
Post-Secondary	0.0	0.0	49.7	26.4	14.9	5.5	0.0	3.5	100.0	29
Socioeconomic Index										
Low	18.0	6.2	37.3	15.4	14.2	5.4	0.0	3.6	100.0	38
Medium	7.3	0.0	44.3	18.2	13.6	7.8	1.9	6.9	100.0	83
High	0.0	0.0	46.8	27.1	12.6	6.4	0.0	7.2	100.0	35

^{*} Exclude one case with missing information on age at first sexual intercourse

^{**}Percentages are not shown when base is less than 25 cases

Table 13.4 A
Percent of Women Aged 15-24 Who Had Their First
Sexual Intercourse Before Selected Ages, by Various Characteristics
Reproductive Health Survey: Albania 2002

		Age at F	rcourse				
Characteristics	<15	<18	<20	<22	Has Had Intercourse	Never Had Intercourse	No. of Cases
Total	1.3	13.3	23.4	30.1	32.3	67.7	2029*
Strata							
Metro Tirana	2.4	14.2	29.7	36.3	38.8	61.2	745
Other Urban	1.4	16.1	26.7	31.2	33.9	66.1	583
Other Rural	1.1	11.8	20.2	28.0	29.9	70.1	701
Residence							
Urban	1.7	15.6	28.2	33.2	35.8	64.2	1,192
Rural	1.1	11.8	20.4	28.2	30.2	69.8	837
Current Age							
15-19	1.2	(10.8)	(13.8)	NA	13.8	86.2	1,094
20-24	1.6	16.3	35.1	(50.2)	55.2	44.8	935
Marital Status at 1st Sex							
Premarital Sex	4.2	46.0	77.4	93.4	100.0	0.0	371
Marital Sex	4.1	37.5	68.6	93.0	100.0	0.0	376
Education Level							
Primary or Less	2.1	15.5	26.6	34.2	36.5	63.5	1,013
Secondary	0.3	11.2	18.7	22.9	24.2	75.8	778
Post-Secondary	0.2	4.7	18.2	29.5	34.6	65.4	238
Socioeconomic Index							
Low	1.4	10.7	19.2	25.1	27.2	72.8	649
Medium	1.4	14.4	25.1	32.3	34.5	65.5	1,106
High	0.8	19.2	34.0	41.5	44.2	55.8	274

^{*} Excludes one case with missing information on age at first sexual intercourse

NA. Not applicable

⁽⁾ Time exposed partially truncated because not all cases have exposure throughout the period of analysis

Table 13.4 B
Percent of Men Aged 15-24 Who Had Their First Sexual Intercourse
Before Selected Ages, by Various Characteristics
Reproductive Health Survey: Albania 2002

		Age at	First Sex	ual Interc	ourse	_ Never		
					Has Had	Had	No. of	
Characteristics	<15	<18	<20	<22	Intercourse	Intercourse	Cases	
Total	1.0	11.9	20.4	27.0	29.3	70.7	589*	
Strata								
Metro Tirana	3.9	24.0	35.2	41.5	43.9	56.1	233	
Other Urban	0.0	9.4	23.5	28.3	29.5	70.5	177	
Other Rural	0.5	9.1	14.0	21.5	24.2	75.8	179	
Residence								
Urban	1.4	14.8	28.4	33.3	34.3	65.7	366	
Rural	0.8	9.8	14.8	22.6	25.7	74.3	223	
Age Group								
15-19	0.6	(4.5)	(4.8)	NA	4.8	95.2	401	
20-24	1.5	21.5	40.9	(56.1)	61.3	38.7	188	
Education Level								
Primary or Less	1.4	7.2	15.5	22.5	24.0	76.0	264	
Secondary	0.6	15.9	22.8	26.1	28.9	71.1	283	
Post-Secondary	0.7	23.1	46.8	73.1	78.6	21.4	42	
Socioeconomic Index								
Low	0.0	3.7	7.4	15.4	17.5	82.5	222	
Medium	1.1	17.6	29.5	35.6	38.5	61.5	282	
High	6.1	27.5	45.1	46.8	46.8	53.2	85	

^{*} Excludes one case with missing information on age at first sexual intercourse

⁽⁾Time exposed partially truncated because not all cases have exposure throughout the period of analysis

N.A. Not applicable

Table 13.5 A

Percent Distribution of Age Difference Between Partners at First Sexual Intercourse Among Sexually Experienced Young Women Aged 15–24 by Residence, Age at first Sex and Marital Status at First Sex Reproductive Health Survey: Albania, 2002

	Age Difference Between Partners at First Sexual Intercourse									
Characteristics	Partner Same Age or Younger	Partner 1-4 Years Older	Partner 5 or More Years Older	Total	No. of Cases					
Total	1.9	25.2	72.9	100.0	744*					
Residence										
Urban	1.3	26.9	71.9	100.0	459					
Rural	2.3	24.0	73.7	100.0	285					
Age 1st Sex										
< 18	0.6	12.7	86.7	100.0	302					
18-19	0.1	29.8	70.1	100.0	254					
20-24	5.6	38.6	55.7	100.0	188					
Marital Status at 1st Sex										
Premarital	1.2	26.1	72.7	100.0	368					
Marital	2.3	24.6	73.1	100.0	376					

^{*} Excludes one case with missing information on partner's age and 3 cases in which the first sex was rape

Table 13.5 B

Percent Distribution of Age Difference Between Partners at First Sexual Intercourse
Among Sexually Experienced Young Men Aged 15–24
by Residence, Age at first Sex and Marital Status at First Sex
Reproductive Health Survey: Albania, 2002

	Age Diff					
Characteristics	Partner Younger	Partner Same Age	Partner Older	Don't Know	_ Total	No. of Cases
Total	56.1	28.0	12.5	3.5	100.0	156*
Residence						
Urban	53.0	32.3	11.7	3.0	100.0	106
Rural	59.0	23.9	13.2	3.9	100.0	50
Age 1st Sex						
< 18	31.4	43.9	19.8	4.8	100.0	73
18-19	60.5	24.4	14.3	0.8	100.0	44
20-24	85.1	10.0	0.8	4.2	100.0	39
Marital Status at 1st Sex						
Premarital	52.6	30.6	13.3	3.4	100.0	134
Marital	**	**	**	**	**	22

^{*} Excludes one cases with missing information on partner's age

^{**}Percentages are not shown when base is less than 25 cases

Table 13.6 A
Percent Who Used Contraception at First Sexual Intercourse and Percent Distribution of
Method Used Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

	Used a l	Method		Туре	of Method			
		No. of			Other		No. of	
Characteristics	Percent	Cases	Withdrawal	Condom	Modern	Total	Cases	
Total	81.3	744*	95.8	3.4	0.8	100.0	597*	
Strata								
Metro Tirana	78.5	310	92.0	6.7	1.3	100.0	243	
Other Urban	87.9	203	96.1	3.4	0.5	100.0	176	
Other Rural	78.9	231	96.8	2.3	0.9	100.0	178	
Residence								
Urban	85.7	459	94.5	4.7	0.8	100.0	384	
Rural	78.1	285	96.8	2.3	0.9	100.0	213	
Age 1st Sex								
<18	83.3	302	95.4	4.3	0.3	100.0	245	
18-19	82.0	254	96.5	3.2	0.3	100.0	212	
20-24	77.7	188	95.4	2.3	2.3	100.0	140	
Marital Status at 1st Sex								
Premarital	91.3	368	92.8	6.4	0.8	100.0	326	
Marital	74.1	376	98.4	0.7	0.9	100.0	271	
Education Level								
Primary or Less	77.7	434	99.4	0.6	0.0	100.0	324	
Secondary	89.2	217	91.5	8.0	0.5	100.0	193	
Post-Secondary	87.3	93	81.8	9.9	8.3	100.0	80	
Socioeconomic Index								
Low	72.8	222	100.0	0.0	0.0	100.0	157	
Medium	84.7	405	94.3	4.6	1.1	100.0	335	
High	91.3	117	91.7	6.3	2.0	100.0	105	

^{*} Excludes three women who reported first intercourse to have been rape.

Table 13.6 B
Percent Who Used Contraception at First Sexual Intercourse And
Percent Distribution of Method Used Among Sexual Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

	Used a	Method	Туре	of Method	k		
		No. of			Other		No. of
Characteristics	Percent	Cases	Withdrawal	Condom	Modern	Total	Cases
Total	85.1	155*	56.2	43.1	0.7	100.0	124*
Strata							
Metro Tirana	69.3	81	35.2	64.8	0.0	100.0	58
Other Urban	80.2	39	46.7	50.7	2.6	100.0	32
Other Rural	97.8	35	69.9	30.1	0.0	100.0	34
Residence							
Urban	77.0	105	41.8	56.7	1.5	100.0	81
Rural	92.7	50	67.4	32.6	0.0	100.0	43
Age 1st Sex							
< 18	81.7	72	49.4	50.6	0.0	100.0	56
18-19	87.3	44	50.0	47.8	2.2	100.0	37
20-24	87.6	39	70.7	29.3	0.0	100.0	31
Marital Status at 1st Sex							
Premarital	88.5	133	50.2	49.0	0.7	100.0	111
Marital	**	22	**	**	**	**	13
Education Level							
Primary or Less	84.0	54	73.7	26.3	0.0	100.0	41
Secondary	83.9	72	43.1	55.3	1.6	100.0	59
Post-Secondary	**	**	**	**	**	**	24
Socioeconomic Index							
Low	86.5	38	75.6	24.4	0.0	100.0	29
Medium	84.3	83	48.8	50.1	1.1	100.0	65
High	85.9	34	46.8	53.2	0.0	100.0	30

^{*} Excludes two cases with missing information

^{**} Percentages are not shown when base is less than 25 cases

Table 13.7
Percent Distribution of Most Commonly Cited Reasons for Not Using Contraception at First Sexual Intercourse Among Sexually Experienced Young Women Aged 15-24 by Marital Status at First Sexual Intercourse Reproductive Health Survey: Albania, 2002

	Marital Status at First Intercourse						
Main Reason for Not Using Contraception	Total	Married	Not Married				
She Wanted to Get Pregnant	75.3	84.8	23.0				
She Did Not Think About Using a Method	4.7	4.4	6.6				
She Did Not Know About Contraception	4.2	4.2	4.6				
Fear Of Side Effects	4.2	1.6	18.1				
Partner Against	2.9	2.3	6.3				
Sexual Intercourse Was Unexpected	3.3	8.0	17.0				
Thought it Was Safe	1.7	0.0	11.1				
Other Reasons	3.7	1.9	13.3				
Total	100.0	100.0	100.0				
No. of Cases	126	93	33				

Table 13.8

Percent Distribution of Current Sexual Activity Status by Sex, Current Marital Status and Age Group Among Young Adults Aged 15–24

Reproductive Health Survey: Albania, 2002

	_	Women					
	_	Marita	al Status	Age (Group		
	Total	Married	Not Married	15-19	20-24		
Never Had Intercourse	67.7	0.0	93.1	86.2	44.8		
Ever Had Intercourse	32.3	100.0	6.9	13.8	55.2		
Within the Last Month	20.2	65.2	3.2	7.7	35.7		
1-3 Months Ago	4.7	11.8	2.1	2.5	7.5		
Over 3 Months Ago But Within Last Year	1.2	2.6	0.7	0.6	1.9		
One Year or Longer	1.1	1.6	0.9	0.4	1.9		
Currently Pregnant or Postpartum	5.1	18.8	0.0	2.7	8.2		
Total	100.0	100.0	100.0	100.0	100.0		
No. of Cases	2,030	599	1,431	1,094	936		
	<u>-</u>		Men				
	-	Marita	al Status	Age	Group		
	Total	Married	Not Married	15-19	20-24		
Never Had Intercourse	70.7	0.0	75.1	95.2	38.7		
Ever Had Intercourse	29.3	100.0	24.9	4.8	61.3		
Within the Last Month	21.8	92.3	17.4	2.8	46.6		
1-3 Months Ago	0.5	2.7	0.3	0.6	0.4		
Over 3 Months Ago But Within Last Year	4.3	0.0	4.5	0.9	8.7		
One Year or Longer	2.5	0.0	2.6	0.5	5.0		
Partner Currently Pregnant	0.3	5.0	0.0	0.0	0.7		
Total	100.0	100.0	100.0	100.0	100.0		
No. of Cases	590	33	557	401	189		

Table 13.9 A

Percent Who Used Contraception at Last Sexual Intercourse and Percent
Distribution of Methods Used by Current Marital Status and Age Group
Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

						Marital	Status		
		Total			Married		Not Married		
	Total	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24
Percent Using	76.0	74.5	76.5	72.0	63.4	74.1	98.0	98.5	97.5
Modern Methods	4.4	5.5	4.0	3.1	4.0	2.9	11.3	8.7	13.7
Traditional Methods	71.6	69.0	72.5	68.9	59.4	71.1	86.7	89.8	83.8
Methods Used									
Pill	0.5	0.3	0.6	0.2	0.4	0.1	2.1	0.0	4.1
IUD	0.4	0.0	0.5	0.4	0.0	0.5	0.0	0.0	0.0
Condom	3.1	4.4	2.6	2.0	2.7	1.8	8.9	8.2	9.6
Tubal Ligation	0.2	0.0	0.3	0.3	0.0	0.4	0.0	0.0	0.0
Injectables	0.2	0.8	0.1	0.2	0.9	0.1	0.2	0.5	0.0
Withdrawal	71.6	69.0	72.5	68.9	59.4	71.1	86.7	89.8	83.8
Not Using	24.0	25.5	23.5	28.0	36.6	25.9	2.0	1.5	2.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Cases	747*	164	583	599	97	502	148	67	81

^{*} Excludes one case with missing information

Table 13.9 B

Percent Who Used Contraception at Last Sexual Intercourse and Percent
Distribution of Methods Used by Current Marital Status and Age Group
Among Sexually Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

						Marita	l Status		
		Total			Married		M	Not Marri	ed
	Total	15-19	20-24	Total	15-19	20-24	Total	15-19	20-24
Percent Using	41.0	25.5	42.5	67.7	**	67.7	34.4	25.5	35.6
Modern Methods	11.8	15.2	11.5	0.0	**	0.0	14.7	15.2	14.7
Traditional Methods	29.1	10.3	31.1	67.7	**	67.7	19.7	10.3	20.9
Methods Used									
Condom	11.8	15.2	11.5	0.0	**	0.0	14.7	15.2	14.7
Periodic Abstinence (Rhythm)	2.1	0.0	2.3	5.1	**	5.1	1.4	0.0	1.6
Withdrawal	27.0	10.3	28.7	62.6	**	62.6	18.3	10.3	19.4
Not Using	59.0	74.5	57.5	32.3	**	32.3	65.6	74.5	64.4
Total	100.0	100.0	100.0	100.0	**	100.0	100.0	100.0	100.0
No. of Cases	157	31	126	32	0	32	125	31	94

^{**} Percentages are not shown when base is less than 25 cases

Table 13.10
Percent Distribution of Main Reason Not Currently Using Contraception
by Sex and Current Marital Status Among Sexually Active Young Adults Aged 15–24
Reproductive Health Survey: Albania, 2002

		Wo	men		Men	
Main Reason for Not Using Contraception	Total	Married	Not Married	Total	Married	Not Married
Not Sexually Active/No Partner	43.6	32.2	97.9	90.1	**	98.1
Currently Pregnant	31.8	38.5	0.0	1.7	**	0.0
Trying to Get Pregnant	17.6	21.3	0.0	4.8	**	0.0
Postpartum/Breastfeeding	6.0	7.3	0.0	0.8	**	0.0
Lovemaking Interrupted	0.5	0.6	0.0	0.0	**	0.0
Believes She is Subfecund	0.3	0.1	1.0	0.0	**	0.0
Did Not Think About Using Contraception	0.0	0.0	0.0	1.3	**	1.0
Other	0.2	0.0	1.0	1.2	**	0.9
Total	100.0	100.0	100.0	100.0	**	100.0
No. of Cases	282	223	59	94	11	83

^{**}Percentages are not shown when base is less than 25 cases.

Table 13.11 A

Percent Distribution of Number of Sexual Partners in Last Three Months and in Lifetime
by Current Marital Status and Education Level
Among Sexually Experienced Young Women Aged 15–24
Reproductive Health Survey: Albania, 2002

		Marital	Status	Education Level			
Number of Sexual Partners	Total	Married	Not Married	Primary or Less	Secondary	Post- Secondary	
Last Three Months							
None	11.4	9.4	22.2	11.1	11.0	14.4	
One	88.2	90.2	77.3	88.4	88.6	85.6	
Two or More	0.4	0.4	0.5	0.5	0.3	0.0	
Lifetime							
One	97.3	99.5	85.4	98.9	95.5	89.9	
Two or More	2.7	0.5	14.6	1.0	4.5	10.1	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
No. of Cases	748	599	149	434	218	96	

Table 13.11 B

Percent Distribution of Number of Sexual Partners in Last Three Months
And in Lifetime by Marital Status and Education Level
Among Sexually Experienced Young Men Aged 15–24
Reproductive Health Survey: Albania, 2002

			: Marital tus	Education Level			
Number of Sexual Partners	Total	Married	Not Married	Primary or Less	Secondary	Post- Secondary	
Last Three Months							
None	33.8	5.1	40.8	25.9	40.4	37.1	
One	61.1	92.4	53.4	69.3	54.6	56.6	
Two or More	5.1	2.5	5.8	4.8	5.0	6.2	
Lifetime							
One	28.3	48.5	23.4	37.6	21.5	22.3	
Two or More	71.8	51.5	76.7	62.4	78.5	77.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
No. of Cases	157	32	125	54	74	29	

Table 13.12
Percent Agreeing With Statements About Condoms and Condom Use, by Sex and Condom Experience for Sexually Experienced Young Adults Aged 15-24 Years
Reproductive Health Survey: Albania, 2002

				Wo	men			
		Ever Use	r (n=13			Never Use	er (n=60)9)
Statement	Agree	Disagree	Do Not Know	Refused to Answer	Agree	Disagree	Do Not	Refused to Answer
Smart Idea to Use Condom With New Partner	94.6	2.5	2.9	0.0	58.0	10.4	30.7	0.8
Women Should Ask Partner to Use a Condom	72.9	20.1	7.0	0.0	23.5	36.7	38.7	1.1
Easy to Discuss Condom Use With Partner	68.7	20.9	9.6	0.8	33.4	17.4	47.4	1.9
Condoms Diminish Sexual Enjoyment	57.2	39.9	2.9	0.0	16.2	6.0	75.8	2.1
Condoms Not Necessary if you Know Partner	45.1	52.4	1.7	0.8	48.6	19.4	31.2	0.8
Embarrassed to Ask for Condoms At Store	25.8	67.5	6.8	0.0	31.1	27.1	40.3	1.5
People Who Use Condoms are Promiscuous	17.5	69.9	12.6	0.0	28.1	21.4	49.0	1.4
The Same Condom Can be Used More Than Once	6.0	93.2	8.0	0.0	4.0	51.6	42.8	1.6
				M	en			
		Ever Use	r (n=117	7)		Never Us	er (n=4	0)
Statement	Agree	Disagree	Do Not	Refused to Answer	Agree	Disagree	Do Not	Refused to Answer
Smart Idea to Use Condom With New Partner	99.2	0.0	0.8	0.0	48.8	18.0	33.2	0.0
Women Should Ask Partner to Use a Condom	45.7	42.2	12.1	0.0	31.4	39.0	28.8	0.7
Easy to Discuss Condom Use With Partner	68.5	19.4	12.1	0.0	17.6	21.7	58.3	2.4
Condoms Diminish Sexual Enjoyment	77.0	21.4	1.6	0.0	43.4	3.1	51.9	1.7
Condoms Not Necessary if You Know Partner	36.3	62.2	1.5	0.0	57.1	17.9	25.0	0.0
Embarrassed to Ask for Condoms at Store	24.2	72.0	3.8	0.0	44.5	9.0	46.5	0.0
People Who Use Condoms are Promiscuous	33.9	53.0	13.1	0.0	49.3	6.8	43.9	0.0
The Same Condom Can be Used More Than Once	2.5	96.7	8.0	0.0	6.1	72.2	21.6	0.0

Table 13.13 A

Percent Agreeing With Hypothetical Responses to a Partner

Requesting Condom Use During Sex, by Selected Characteristics, Among Sexually

Experienced Young Women 15-24 Years of Age

Reproductive Health Survey: Albania, 2002

Characteristics	Feels Safe From Getting Pregnant	Feels Safe From Getting STD/HIV/ AIDS	Would be Insulted or Angry	Would Feel Like She Had Done Something Wrong	Suspicious That He May "Sleep Around"	No. of Cases
Total	66.7	61.6	30.1	22.6	18.2	748
Residence						
Urban	73.2	68.4	27.1	19.0	18.2	463
Rural	61.8	56.6	32.3	25.3	18.1	285
Age Group						
15-19	65.7	61.0	31.1	23.2	19.5	165
20-24	66.9	61.7	29.7	22.4	17.8	583
Education Level						
Primary or Less	58.5	54.0	32.9	24.8	18.8	434
Secondary	81.7	76.1	26.5	23.2	18.8	218
Post-Secondary	88.7	80.0	17.6	2.4	10.6	96
Know How Condom is Used						
Yes	78.4	69.8	31.5	25.9	21.0	477
No	49.1	49.2	27.9	17.7	13.9	271
Condom Use						
Ever User	87.2	83.1	8.9	10.1	11.6	139
Never User	63.8	58.5	33.0	24.4	19.1	609

Table 13.13 B
Percent Agreeing With Hypothetical Responses to a Partner
Requesting Condom Use During Sex, by Selected Characteristics,
Among Sexually Experienced Young Men 15-24 Years of Age
Reproductive Health Survey: Albania, 2002

Characteristics	Feels Safe From Getting Her Pregnant	Feels Safe From Getting STD/ HIV/AIDS	Would be Insulted or Angry	Would Feel Like He Had Done Something Wrong	Suspicious That She May "Sleep Around"	No. of Cases
Total	83.6	74.4	20.6	19.0	32.8	157
Residence						
Urban	81.0	75.6	10.8	7.1	27.5	107
Rural	86.2	73.0	30.0	30.4	37.7	50
Age Group						
15-19	79.6	75.2	7.4	5.9	17.9	31
20-24	84.1	74.4	21.9	20.4	34.3	126
Education Level						
Primary or Less	83.8	64.3	31.4	30.2	39.0	54
Secondary	84.0	79.2	15.7	13.8	31.3	74
Post-Secondary	82.4	88.6	5.1	3.5	20.3	29
Know How Condo	om is Used					
Yes	83.9	77.9	20.6	18.8	32.9	144
No	**	**	**	**	**	13
Condom Use						
Ever User	89.3	79.7	9.3	11.2	27.9	117
Never User	72.2	63.8	43.7	35.1	42.8	40

^{**} Percentages are not shown when base is less than 25 cases

Table 13.14

Percent Who Have Ever Talked to a Partner About Using Condoms, by Sex and Selected Characteristics for Sexually Experienced Young Adults 15-24 Years of Age
Reproductive Health Survey: Albania, 2002

		Men		
Characteristics		No. of Cases		
Total	24.4	748	57.7	156*
Residence				
Urban	32.1	463	79.2	106
Rural	18.8	285	37.4	50
Age Group				
15-19	26.0	165	51.6	31
20-24	23.9	583	58.3	125
Education Level				
Primary or Less	15.4	434	39.6	53
Secondary	39.9	218	68.7	74
Post-Secondary	52.1	96	75.4	29
Condom Use				
Ever User	89.0	139	84.1	117
Never User	15.4	609	3.0	39
Withdrawal Use				
Ever User	24.0	698	55.6	139
Never User	31.0	50	**	17

^{*} Excludes one case with missing information

^{**} Percentages are not shown when base is less than 25 cases

CHAPTER 14

KNOWLEDGE AND EXPERIENCE OF SEXUALLY TRANSMITTED INFECTIONS AND KNOWLEDGE OF HIV/AIDS TRANSMISSION AND PREVENTION

Countries of South Eastern Europe have not been challenged by a substantial HIV/AIDS epidemic, or other sexually transmitted infections (STI), compared with countries of Eastern Europe and Central Asia (EE/CA) which continue to have expanding epidemics. It appears that infection rates are growing faster in EE/ CA than in any other region of the world and injecting drug use has been identified as the main force driving the increase in infection rates. Also, sexual transmission of HIV infection is increasing, especially between injecting drug users and their partners (UNAIDS, 2004). The number of infected women has been increasing from one-in-four cases in 2001 to one-in-three in 2003 and they account for an increasing share of newly diagnosed cases (UNAIDS and WHO 2003).

As of the end of 2004, Albania is still considered a low HIV prevalence country. Since the first detected HIV-infected case, found in 1993 through routine blood bank HIV screening, the number of identified cases has increased to 132, of which 88 cases were reported in the last three years. It has been estimated that HIV prevalence in Albania does not exceed 0.1% which follows the low prevalence pattern of South Eastern European Countries (MoH, 2003; IPH,2004) The majority (about 80%) of HIV infections and AIDS cases are believed to have acquired their HIV infection outside of Albania and over 90% of them were sexually transmitted. However, during the last two years there has been an increase of cases infected within the country.

Most of the cases belong to the 30-40 year old age group but a trend toward younger ages has been observed during the last three years with the number of cases in the age group of 20-30 year olds increasing. Also, a feminization of the epidemic has been observed since 2000 with the number of women infected with HIV/AIDS increasing (IPH, 2003; IPH, 2004). Sexual HIV transmission is predominant among married women in Albania, and mother to child transmission has been identified during the last two years resulting in the infection being present among children (IPH, 2004).

During the decades of Albania's isolation from the 1960s until the early 1990s, STIs such as syphilis or gonorrhea were virtually eliminated. By the end of 2003, 138 cases of syphilis were identified in Albania with women accounting for 48% of the cases; 45% had primary syphilis (IPH, 2004). A concomitant HIV infection was observed in 4.5% of the cases in the last three years (IPH, unpublished data).

There are no accurate data available on other sexually transmitted diseases in Albania. But, an increase of gonorrhea cases has been detected through routine hospital based surveillance and a laboratory surveillance of gonorrhea is in the process of being established. Recent studies show the presence of herpes viruses among women of child bearing age. A study performed by the STI lab in the Institute of Public Health documented vaginal discharge and the presence of Chlamydia trachomatis in 21% of 527 women studied in Tirana (IPH, 2003). There is a concern

that a hidden epidemic might occur among drug users, men having sex with men and female sex workers working within the country.

A National AIDS Program (NAP) and plans for prevention/control of HIV/AIDS/STI were developed during the late 1980s with the help of the Global Programme on AIDS of the World Health Organization (GPA/ WHO). During the long period of isolation, and as a result of a rigid prevention/control measures that included police investigations and follow-up, as well as enforced screening and treatment of STIs, there was a virtual elimination of STIs and visible commercial sex activities. With the re-opening of Albania to population movements both within and out of the country in the early 1990s, STI cases began to reappear and international agencies also gradually re-entered to provide economic and technical assistance to social and health programs in Albania. A law on HIV/AIDS prevention was passed in the parliament in 2002 and the national strategy with the objective to keep Albania a low prevalence country was approved by the government by the end of 2003. This strategy underlined the importance of prevention activities and especially information and education programs (MoH, 2003).

Often, prevention programs do not reach people who most need them, especially women and young people. Increased access to treatment will offer better opportunities to strengthen prevention and volunteer testing. The current voluntary testing and counseling services are poor and the uptake of existing service is still low due to stigma and fear of discrimination (MoH, 2003; UNAIDS, 2004).

HIV-risk behavior surveillance data are needed by the HIV/AIDS/STI prevention and control program, including: specific patterns and prevalence of persons who

routinely have unprotected sex with multiple and concurrent sex partners, and specific patterns and prevalence of persons who routinely share their injecting equipment with other IDU. Also, among high-risk groups, it will be important to evaluate how many sex partners persons have had during the past month and/or year, and for each of these sex encounters, if a condom was used. There are major concerns that HIV risk behaviors have been steadily increasing in the country without a substantial increase of knowledge and education that leads to disease prevention.

As a low prevalence country it is important to be aware of the level of correct knowledge about transmission and prevention among different population groups, especially among women and men of reproductive age, and identify factors that influence the misconceptions related to HIV transmission or other STIs. Detailed information about the level of awareness, source of information, and knowledge related to HIV/AIDS/STI testing and perceived risks for HIV/AIDS/STI testing and perceived risks for HIV/AIDS/STI were collected through a module of the questionnaire devoted to this topic

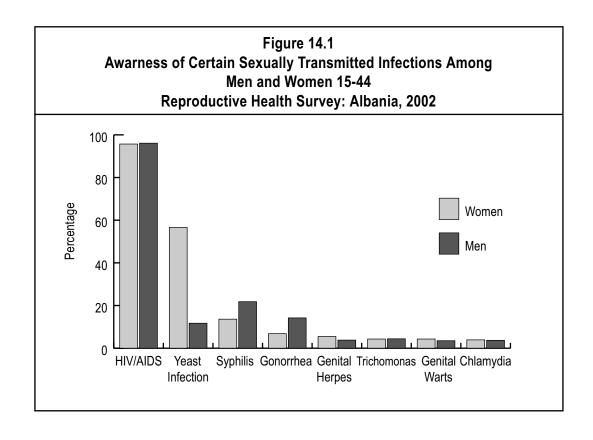
Awareness of STIs and Knowledge of Symptoms Related to STIs

When asked about general awareness of sexually transmitted diseases (STIs), Albanian women showed a very low level of knowledge (Table 14.1A). Overall, HIV/AIDS is the only STI that most of the women (96%) have heard of. Only 57% of women had heard of Yeast infection, and for other STIs the level of awareness was even lower (4%-14%).

With the exception of HIV and Yeast infection, overall awareness was higher for women living in Tirana, and other urban areas. Rural women were in general less aware of STIs. Marital status does not

seem to be related to the level of awareness of HIV as an STI or other STIs with the exception of Yeast infection. Yeast infection is the only disease that never married women are least aware of (43%) compared to previously married (70%) and currently married women (63%). In contrast, for all other diseases, never married women have higher awareness or about the same level of awareness when compared with currently or previously married women. Although in general, there is a tendency for women with fewer children to have slightly greater awareness of STIs, the number of living children does not show a clear pattern of association between level of awareness and STIs. In contrast, the level of education of women is clearly associated with the level of awareness. Higher educated women are more likely to have heard of specific STIs. HIV awareness is high, independent of the number of lifetime partners, but women with two or more lifetime partners were consistently more likely to have heard of other STIs. However with only 113 women in this category, 95% confidence limits range from 6 to 11 percentage points.

Overall, the percentage of men that have heard of HIV is very similar to that of women (96%). Regarding all other STIs, similar to women, the general level of awareness of Albanian men is low (Figure 14.1). The biggest differences between men and women can be found in the percentages of those who have heard of syphilis (22% of men vs. 14% of women) and gonorrhea (14% vs. 7%), and the 12% of men who have heard of Yeast infection (Table 14.1B), compared with 57% of women. Knowledge of remaining STIs was very low among men, around 4%. By residence, rural men were less likely than urban men, including Tirana residents, to have heard of STIs. Similarly to what was found for Albanian women, there is no clear pattern of association between age and awareness of specific STIs. Despite this fact, its clear from Table 14.1B that men



between the ages of 45-49 are somewhat less likely to be aware of HIV/AIDS (87%), compared with all other age groups where awareness is greater than 93%. Because the number of men previously married in the sample is very low, marital status comparison will be made only between never married and currently married men in this chapter. Awareness among never married and currently married men for HIV/AIDS and all other STIs are not statistically different. Among men, there is no clear relationship between HIV knowledge and number of living children. Not surprisingly, knowledge of STIs increases with education. However, there is no significant difference for HIV awareness by educational attainment as all groups have at least 93% awareness. With exception of HIV and yeast infection, men with 2 or more lifetime partners are more likely to be aware of STIs than their counterparts with fewer lifetime partners.

Table 14.2A and B show knowledge of symptoms associated with STIs other than HIV for women and men, respectively. Among women, 59% have heard of at least one STI other than HIV/AIDS, compared to only 27% of the men. Among all women 15-44 years of age, 41% are not aware of any STIs, and 19% do not know any symptoms that can be associated with STIs. Only 12% of the women knew one symptom associated with STIs, and 28% recognized two or more symptoms. According geographic to strata, knowledge of STI symptoms is greater in Tirana where 47% of the residents know at least one symptom related to an STI. Younger women (15-19) are less aware of any STI symptom than others. By age 25-29 women showed more awareness of STI related symptoms, from 43% to 48% of women aged 25-44 knowing at least one symptom.

Previously married and currently married women are more aware of STI symptoms than never married women (45%, 33% and 19%, respectively, know at least two symptoms). Level of education and number of lifetime partners are directly related to knowledge of STI related symptoms. Women with higher education are twice as likely as their primary or less educated counterparts to know at least one STI related symptom. Exposure to multiple partners also increases the likelihood of knowing at least one STI related symptom. Thus, more than half of the women with two or more lifetime partners at the time of the survey know at least one symptom related to STIs compared to 45% of women with only one partner and 27% of the women without sexual experience.

Among men, knowledge of symptoms of STIs is even lower than among women. The vast majority of men (74%) are not aware of any STI, and only 20% know at least one STI related symptom (Table 14.2B). As expected, rural residents are less aware of STIs (84%) compared with Tirana (64%) and residents of other urban areas (63%). No clear relationship can be found between STI awareness and age or marital status. For all age groups the vast majority of men are not aware of any STI. Similar to women, education seems to be an important determinant of STI awareness. Only 29% of the men with post-secondary schooling were not aware of any STI compared to 68% of men with secondary education and 87% with primary or less education. While having either zero or one partner seems to have the same impact on STI awareness (only 18% and 17%, respectively, have heard of at least one STI), those with two or more partners are more likely to be aware of STIs (37%). Results for men who don't remember how many partners they have

had are similar to those reporting two or more partners.

The prevalence rate of syphilis is very similar to that of HIV, and in a blind study conducted by the IPH, 4.5 % of the patients with syphilis tested positive for HIV and 11% of persons living with HIV/AIDS (PLWHA) were positive for syphilis. Also, Syphilis or other STIs were seen in 20% of HIV/AIDS cases (IPH, unpublished data). This fact shows the important role that STIs play in the transmission of HIV/AIDS and the need to increase STI awareness among women and men in Albania through culturally appropriate programs.

Most Important Source of Information and Messages About STIs

Tables 14.3A and B show the most important source of information about STIs for women and men, respectively, for those who have heard of at least one STI. Overall, among women, mass media is the most important source of information (84%). Women of all ages reported mass media as their most important source of information. However, among adolescents (15-19), 20% reported having received STI information from schools. By marital status, mass media is also the most important source of information for STIs, but 15% of never married women reported receiving information from schools. These are probably younger women still in school. Similar results are shown according to lifetime partners, with 16% of women with zero partners (probably the youngest women and still in school) receiving STI information via schools.

Mass media is also the most important source of information on STIs among men (66%), but significantly lower (p<0.01)

than for women (84%). The second most important source of information on STIs for men is the doctor (10%), followed by books (8%), and friends (7%). By strata, STI information via mass media ranges from 63% to 70%. Similarly to the finding for women, an important percentage of younger men (15-19) get their STI information from school (23%). When comparing age groups among men, major differences are found in the second most important source of STI information. Whereas for the 20-24 and 25-29 year olds the second most important source is books (14% and 11%, respectively), for 30-34 it is friends (12%), for 35-39 it is the doctor (15%), for 40-44 it is friends (15%), and for 45-49 it is again the doctor (17%). Married men reported the second most important source to be the doctor (12%), while never married men reported books (13%). Regardless of their level of education, men in Albania reported mass media as their most important source of STI information. However, the second most important source differs by education. Primary and secondary educated men have as their second source of information the doctor (16% and 10%, while respectively), post-secondary educated have books (23%). According to number of lifetime partners, men with 2 or more partners reported their second source of information to be the doctor (16%), compared to men without sexual experience that get their information (second most important) from school (20%).

Respondents were asked if, in the past six months, they have seen or heard any public announcements or messages on television or radio about HIV/AIDS or other STIs (Tables 14.4A and B). Fifty seven percent of women and 63 percent of men said that they saw an announcement or message

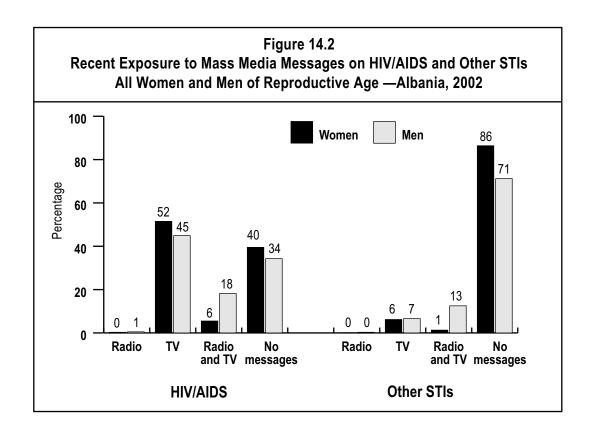
about HIV/AIDS on television in the past six months. Only 6% and 23%, respectively. heard a message about HIV/AIDS on the radio. Almost half of women (40%) and approximately one third of men (34%) did not see or hear a message on television nor radio (Figure 14.2). For women, seeing messages on TV increased as educational attainment increased and was higher for women living in Tirana or other urban areas. Otherwise, there is no significant variation associated with the characteristics shown in the Table. For men, reception of messages about HIV/AIDS on TV was higher for men living in Tirana, those with more than a primary education and men with fewer than two or more lifetime partners. Less than one percent of both women and men heard messages on the radio only.

Fewer women and men saw or heard messages about other STIs. Only 8% of

women saw messages on TV and less than 2% heard messages on the radio. For men, the corresponding figures are 19% and 13%, respectively. Ninety-two percent of women and 81% of men did not see or hear any message or did not remember any message about STIs on either TV or the radio. Those who did were more likely to live in Tirana and/or have a post-secondary education.

Media, and prevention and education messages released by them, are potentially important tools in educating the population about HIV/AIDS prevention. A need for training media specialists on HIV/AIDS/STI prevention messages is very much needed as well as the integration of primary care services into HIV/AIDS/STI prevention initiatives.

Self-Reported Diagnosis, Testing and Treatment of STIs



Tables 14.5A and B present the percentage of women and men, respectively, that said they have been diagnosed with any STI during their lifetime, by selected characteristics. Overall, the most prevalent reproductive tract infection was yeast infection, but much higher for women than for men (8% and 1% respectively).

Among women, diagnosed STIs such as syphilis, gonorrhea, genital herpes, trichomoniasis, genital warts and chlamydia were extremely low (less than 1%). A diagnosis of Yeast infection (YI) was reported to a greater extent by women living in Tirana (12%), women between the ages of 25 and 39 (11% - 13%), previously married women (15%), and women with one or more living children (11% - 13%). Women with children were between 4 and 5 times more likely to have been diagnosed with a YI. Diagnosed YI also increases with number of lifetime partners.

Among sexually experienced women (Table14.6A), overall awareness of HIV/ AIDS was high (96%) followed by awareness of YI (63%) and syphilis (13%). Levels of awareness of all other STIs were less than 10%. The most common reproductive tract infection tested was YI (14%); of those tested, 82% were confirmed (11.5%) and all diagnosed cases were treated. Among sexually experienced men (Table 14.6B), 96% were aware of any HIV/AIDS, followed by syphilis (24%), and gonorrhea (16%). Awareness of other STIs and yeast infection was less than 15%. Less than 1% of men were ever tested for HIV. The most commonly tested STI among men was for genital warts (4%); in all cases, the diagnosis was not confirmed.

Policies to establish the syndromic approach for surveillance or case management of persons with STIs in Albania, according to the National HIV/AIDS Prevention Strategy (MoH, 2003), should take into account the survey data of self reported diagnosis and testing.

Perceived Risk of STIs

Tables 14.7A and B show the perceived risk of acquiring an STI among men and women, respectively, who have heard of at least one STI other than AIDS. When asked about the potential risk of acquiring an STI, the vast majority of Albanian women consider themselves at no risk (80%) or at low risk (14%). Only 2% consider themselves to be at high risk or medium risk. Socio-demographic characteristics did not strongly influence the perceived risk of acquiring an STI. However, not surprisingly, perceived risk increased with the number of lifetime partners. About 9% of women with 2 or more lifetime partners perceived themselves at high or medium risk of acquiring STIs with another 24% saying that they had a low risk.

Male responses regarding perceived risk are even more troublesome (Table 14.7B). The vast majority of males (97%) said they have no risk or do not know how to assess their risk of acquiring an STI. The low rate of perceived risks of contracting STIs among women and men in Albania makes them more vulnerable in a situation where rates for both HIV/AIDS and other STIs are increasing and the main route of transmission in the country is sexual transmission.

Knowledge of HIV/AIDS

Even though the vast majority of women have heard of HIV/AIDS (96%), as shown in Table 14.1A, only 56% believe that HIV/AIDS can be asymptomatic, showing significant lack of understanding of the disease (Table 14.8A). Furthermore, only 17% of reproductive age women know where to get an HIV test and less than 1% have ever been tested. Not surprisingly, rural women are less likely to know that HIV can be asymptomatic (49%), compared to their urban counterparts (63% for both Tirana and other urban). Tirana women are more likely to know where an HIV test can be obtained (32%). Across age groups, belief that HIV can be asymptomatic ranges from 50% to 61%, and 15% - 19% know where to get an HIV test. Among women, the belief that HIV can be asymptomatic decreases with number of living children (data not shown). Women with more children (4 or more) were less likely to understand the disease, and also less likely to know where to be tested. Education is highly associated with awareness, overall understanding of the disease and testing locations. More educated women had universal awareness of HIV: 85% of women with post-secondary education know that HIV can be asymptomatic; and almost half of them know where to be tested. Regarding the number of lifetime partners, sample size is very low but, women with 2 or more lifetime partners better understand the disease and are more likely to know where to be tested.

Although HIV awareness is almost universal among men, rural men are less likely to have heard of HIV (Table 14.8B), less likely to know that HIV can be asymptomatic and also to know where HIV tests are provided. Tirana residents were most likely to have been tested for HIV (4%). Slightly over half of men 20-34 years of age (52%-53%) know that HIV infection can be

asymptomatic. Overall, only 45% of men know that HIV can be asymptomatic. By age group, only from 21% (45-49) to 44% (25-29) know where HIV tests are provided. Men aged 20-24 were the ones with highest percentage of tested men (3%). Married men are less likely to know that HIV can be asymptomatic (40% vs. 52%). However, they are equally knowledgeable of where to be tested (33%).

Similar to women, education is associated with increased knowledge of HIV infection, where to be tested, and having sought out the HIV test. Men with two or more lifetime partners are more likely to know that HIV infection can be asymptomatic, and know where to be tested than men with no sexual experience (56% vs. 43% and 41% vs. 25% respectively).

Evidence based and culturally appropriate programs that increase the level of knowledge about HIV, as well as culturally appropriate information, education and communication programs for women and men living in rural areas, should be designed and implemented to further prevent the spread of HIV/AIDS among the general population.

Knowledge of HIV/AIDS Transmission

To assess the knowledge of HIV/AIDS transmission, respondents were asked to agree or disagree with statements on how the AIDS virus can be transmitted. Not knowing about a particular mode of transmission or a "no" response to a documented transmission mechanism was considered as lack of knowledge about a particular transmission mechanism. The least known transmission route was MTCT/breastfeeding among both women (24%) and men (55%) of reproductive age (Tables 14.9A and B, respectively). Among women, MTCT/during pregnancy

or delivery (18%), unprotected homosexual intercourse (16%), blood transfusion and use of non-sterile needles (both with 10%) followed. Rural women, women previously married, less educated women and women without children (not shown in Table) were overall less likely to know important ways of HIV/AIDS transmission.

Among men (Table 14.9B), transmission through MTCT delivery/pregnancy (37%), unprotected homosexual intercourse (36%), and unprotected heterosexual intercourse (17%) followed as the least known methods of HIV transmission. Similar to women, rural men, less educated men and men with less than two lifetime partners were less likely to know important ways of HIV transmission. However, contrary to women, the level of knowledge of HIV transmission was similar for currently married and never married men.

Respondents were classified as correctly rejecting a misconception if they answered "no" an incorrect mechanism of transmission. The percentages of women who correctly rejected misconceptions about HIV transmission are presented in Table 14.10A. None of the misconceptions presented have been scientifically documented as common modes of HIV transmission. Overall, most of the misconceptions were rejected by more than a third of the women. Exceptions are mosquito bites (25%) and dental/surgical procedures (4%). However, even though most of the misconceptions were rejected by more than a third of the women, the results show that from one-third to two-thirds do have misconceptions about HIV transmission.

Albanian men have overall fewer misconceptions than Albanian women (Table 14.10B). Men were more likely than women to correctly reject all the misconceptions

about HIV transmission presented in the Table. Overall, misconceptions about HIV transmission are higher among men with primary or less education. Similar to women, the most common misconception was HIV transmission trough dental or surgical procedures. This misconception may be associated with the fact that receiving infected blood products or medical treatment with infected instruments can transmit HIV. Other surveys in Eastern European countries have shown similar results about this particular misconception (Serbanescu et al, 1998, 2001, and 2003).

Tables 14.11A and B (women and men, respectively) display **UNAIDS** the indicator 2 by respondents' background characteristics. UNAIDS indicator 2 represents: the percentage of respondents with correct knowledge that HIV can be asymptomatic, and is not spread by two most common misconceptions in the specific country; in this case, HIV is not spread by mosquito bites or through medical procedures. This indicator gives the overall knowledge about HIV/AIDS in the population. It is estimated using all respondents, not just those who have heard of HIV/AIDS. As mentioned before, 56% of Albanian women of reproductive age know that HIV can be asymptomatic, only 25% know that HIV is not spread by mosquito bites, and only 4% know that HIV is not spread by dental or surgical procedures. Overall, less than 1% of Albanian women correctly answered all three questions.

Among men, the level of UNAIDS knowledge indicator 2 is also extremely low (1%). These low levels of knowledge for indicator 2 for men and women are a reflection of the high level of misconceptions related to transmission mechanisms. To increase the overall level of knowledge,

AIDS education campaigns will have to focus on transmission misconceptions, especially those pertaining to the spread of disease through dental or surgical procedures and mosquito bites.

Knowledge of HIV/AIDS Prevention

A two-part question was asked to assess knowledge of HIV prevention. Respondents were asked about what a person can do to reduce the risk of HIV infection. Individuals who spontaneously answered a correct prevention mechanism were coded "yes (spontaneous)". In part two, the respondents were asked about the means of transmission that they did not answer spontaneously ("probed").

More than a third of the women (36%) spontaneously mentioned "stay faithful to one partner" as a possible means of HIV prevention (Table 14.12A). When probed, an additional one-half (54%) of the women agreed with faithfulness as a means of HIV prevention. Condom use was spontaneously mentioned as preventive measure against HIV infection by 31% of the women, but increased to 75% when probed (44%). Somewhat surprising was the fact that 21% of the women did not mention condom use at all. The characteristics of these women are shown in Table 14.13A. This is important as low condom use is observed in the country. Less than one-fourth of Albanian women spontaneously mentioned most of the other possible means of HIV transmission. However, these percentages increase significantly when probed (i.e avoid sex with prostitutes 15% vs. 76%; limit number of sexual partners 12% vs.78%; avoid sex with bisexual 10% vs. 79%). Nearly half of the women did not mention "abstinence" as a means to prevent HIV (49%), and even when probed only 37% of the women happen to have mentioned it in addition to the 10% who spontaneously mentioned "abstinence".

Among men (Table 14.12B), the most frequent spontaneous report of means to prevent HIV was also condom use (38%). When probed, another 39% of the men mentioned condom use and 19% did not mention condom use. Slightly over one-third of men (35%) spontaneously mentioned "avoid sex with prostitutes" and another 57% agreed when probed. Abstinence was spontaneously mentioned by only 5% of the men as a mean to prevent HIV, and even though a little more than half (56%) mentioned it when probed, 35% of the men did not agree with it at all. Possible means of HIV transmission such as partner limitation, avoiding sharing sharp objects, avoid sex with bisexuals, donate blood and HIV testing were less frequently mentioned spontaneously (less than 20%), but when probed the vast majority of men agreed with these means as ways to prevent HIV transmission.

Looking at background characteristics of women who know possible means of HIV prevention(spontaneously and after probing), rural women, and women with primary or less education were overall less likely to know the possible means of HIV prevention (Table 14.13A). Among women, the least known way of preventing HIV is abstinence (46%). Surprisingly, abstinence as a way of preventing HIV infection is not significantly associated with residence, has no clear pattern of association with age, and women with post-secondary education are less likely to agree with it. Moreover, currently married women (45%) and women with one lifetime partner (45%) were somewhat less likely to know about abstinence as a way to prevent HIV

Among men, abstinence is also the least known way considered to prevent HIV (Table 14.13B), but at a much higher rate than women (61% vs. 46% respectively). No clear pattern between can be identified between

respondents characteristics and knowledge of abstinence to prevent HIV transmission. Never married and currently married men showed similar levels of knowledge on abstinence and HIV prevention. Men with two or more lifetime partners were more likely to mention "avoid risky sex" and "use condoms".

Tables 14.14A and B (women and men, respectively) present results from the UNAIDS knowledge indicator 1 and the variables that form this indicator: percent of women who believe HIV can be prevented by being monogamous, limiting the number of sexual partners, and using condoms. Around 90% of the women mentioned all three ways of preventing HIV. Below the average knowledge for this indicator 1 were rural women (87%); women 15-19 years old (87%); never married women (88%), women with primary or less education (84%), and women without a partner (87%).

UNAIDS knowledge indicator 1 was much lower for men (69%). According to background characteristics, rural men (63%), men aged 35 and older (58% to 62%), currently married men (67%), men with primary or less education (62%), and men with one lifetime partner (58%) were less likely to be classified as "in compliance" with the UNAIDS knowledge indicator 1.

The data presented here show again the need to increase the level of education toward appropriate prevention measures among men and especially among rural men and women, young women and less educated men and women, taking into account the high rate of migration of these groups and their potential risk to contract HIV/AIDS.

Beliefs About the Risk of HIV/AIDS and Self-Perceived Risk of HIV/AIDS

Respondents were asked to rate their self-

perceived risk of contracting HIV/AIDS. We assume that their responses are based on their acquired knowledge about HIV transmission, prevention, and risk factors. Overall, only 3% of Albanian women did not know how to assess their risk, and 4%, who never heard of HIV/AIDS, were not asked this question (Table 14.15A). The vast majority of women perceive themselves at no risk (79%) or little risk (11%). Moderate and great risk ("high risk") was reported by only 3% of the women. Differences by residence, age, and marital status are negligible. However, women with postsecondary education, and women with two or more lifetime partners were slightly more likely to assess themselves at moderate or great risk than their counterparts. It is important to note that these two groups were also the ones that consistently showed more understanding of HIV/AIDS, and therefore their assessment might be more accurate than the other groups.

Among men (Table 14.15B), even though the vast majority knew how to assess their risk of HIV infection, they were almost two and a half times more likely than women not to know how to assess their risk. Similar to women, most of the men considered themselves at no (79%) or little risk of HIV infection (8%). Of the 2% of the men who considered themselves at moderate or great risk of HIV infection, the only group to reach 5% was men between the ages of 20-24 (5%).

Tables 14.16A and B (women and men, respectively) present the percent distribution of the risk factors for contracting HIV among those who have heard of the disease and think that they have any risk of contracting HIV. Among women, medical/dental treatment was universally reported (91%) as the main possible risk factor of contracting HIV. Men on the other hand,

even though medical /dental risk was also very high (54%), also mentioned unprotected sex with a casual partner (16%), and use of IV drugs/shared needles and "many sexual partners/ trade sex for money" (both with 7% each) as other risk factors for their contracting HIV.

These results are somewhat troublesome. It is well established that HIV transmission is primarily transmitted trough individual risk behaviors. The popular notion that medical/dental treatment is a significant mechanism of HIV transmission can have negative implications for health care service utilization. Education programs should address this misconception and emphasize the distinction between HIV transmission through contaminated blood products and the very low probability of transmission through medical/dental treatment or procedures.

The 79% of women and men that assessed themselves at no risk of contracting HIV (of those who have heard of HIV) were asked about the main factor that protects them against HIV infection. Results are presented in Tables 14.17A for women and 14.17B for men. Among women, the most important protective factor was monogamy (41%), followed by abstaining from sex (32%), and trust in the partner (23%). The same

pattern was seen for men with monogamy (48%), abstaining from sex (28%) and trust in partner (13%), mentioned in that order. Men mentioned condom use at a higher level (8.4%) compared to women (0.8%) but, still, 8% is a very low percentage.

In conclusion, this study shows the gaps that exist in knowledge and awareness about HIV/AIDS/STI transmission and prevention among different groups of the reproductive age population in Albania. Other studies also have shown the lack of accurate knowledge and awareness on HIV/AIDS and other STIs among young mobile populations or other high risk groups such as drug users or female sex workers (UNICEF, 2002). It is important to develop and build culturally appropriate information, education and communication programs for those living in rural areas and the less educated. Special attention must be given to married and young women in rural areas where the lack of knowledge increases their vulnerability toward HIV/AIDS. Appropriate integrated information, education and communication interventions might prevent further spread of the infection among these groups.

Table 14.1 A
Percentage of Women Aged 15-44 Who Have Heard of Specified
Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	HIV/ AIDS	Yeast Infection	Syphilis	Gonorhea	Genital Hepes	Trichomonas	Genital Warts	Chlamydia	No. of Cases
Total	95.7	56.6	13.6	6.8	5.5	4.3	4.3	3.9	5,697
Strata									
Tirana	97.1	61.8	26.5	14.4	12.4	9.2	8.7	8.3	2,108
Other Urban	98.1	65.2	21.7	11.6	8.3	6.4	6.8	6.7	1,816
Rural	94.0	50.3	5.5	2.0	2.0	1.7	1.7	1.1	1,773
Age Group									
15–19	95.7	36.8	13.0	6.7	3.9	2.8	1.8	3.3	1,094
20–24	97.1	55.5	13.8	8.6	6.4	4.4	5.8	5.1	936
25–29	97.2	63.6	12.8	6.1	4.4	3.4	3.5	2.9	946
30–34	94.1	62.4	16.0	7.9	7.3	6.0	6.3	4.9	1,067
35–39	96.1	65.3	13.3	5.6	5.5	4.7	4.1	3.6	958
40–44	93.9	62.9	12.8	6.1	6.1	5.1	5.3	3.7	696
Marital Status									
Currently Married	95.5	62.8	12.5	5.8	5.2	4.4	4.5	3.5	3,965
Previously Married	96.0	70.2	13.9	4.7	5.3	2.7	2.6	2.7	88
Never Married	96.1	43.2	15.7	9.1	6.2	4.2	4.1	4.7	1,644
No. of Living Children									
0	96.4	45.3	16.2	8.8	6.0	4.3	4.6	4.8	1,943
1	96.0	62.2	13.8	7.1	5.7	4.4	3.7	4.0	828
2	96.9	66.2	15.0	7.5	6.6	5.8	5.6	4.5	1,840
3	94.9	64.7	9.2	3.2	3.4	3.1	3.0	2.0	795
4+	89.1	52.7	4.1	0.9	3.0	1.3	1.9	0.6	291
Education									
Primary or Less	92.8	47.9	3.6	1.0	1.4	0.8	0.8	0.7	2,519
Secondary	98.9	62.7	19.0	9.0	7.0	5.6	5.5	4.8	2,483
Post-Secondary	99.8	85.2	3.6	35.9	26.4	21.6	21.9	21.3	695
Lifetime No. of Partner	s								
0	95.8	41.2	13.9	7.9	5.1	3.5	3.5	4.0	1,439
1	95.7	63.1	13.1	6.2	5.6	4.6	4.6	3.7	4,140
2+	95.5	66.1	29.1	12.7	10.9	8.2	7.3	9.1	113
Don't Know	*	*	*	*	*	*	*	*	5

^{*} Percentages are not shown when base is less than 25 cases.

Table 14.1 B
Percentage of Men Aged 15–49 Who Have Heard of Specified
Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		<u>si</u>	rrhea	ion	Trichomonas	s S	nydia	<u></u>	
Characteristic	HIV/ AIDS	Syphilis	Gonorrhea	Yeast Infection	Tricho	Genital Herpes	Chlamydia	Genital Warts	No. of Cases
Total	96.1	21.8	14.2	11.7	4.4	3.8	3.7	3.5	1,740
Strata									
Tirana	98.4	29.7	19.6	18.2	8.6	8.5	8.1	7.4	718
Urban	98.2	30.9	21.1	19.2	7.0	5.1	5.9	4.4	547
Rural	93.9	13.3	8.0	4.8	1.2	1.1	0.6	1.6	475
Age Group									
15–19	98.4	18.0	9.8	9.1	4.1	2.3	2.5	2.3	401
20–24	99.9	21.7	17.4	11.7	3.6	2.7	3.3	3.4	189
25–29	96.6	25.2	16.8	12.7	4.3	3.1	4.5	4.3	218
30–34	99.5	23.3	17.9	13.9	7.0	5.6	5.4	6.5	253
35–39	93.9	19.7	13.9	12.7	6.0	5.1	5.1	4.2	255
40–44	95.3	21.5	10.0	11.9	3.1	3.9	2.3	2.3	277
45-49	86.7	25.3	15.5	11.0	2.9	4.1	2.7	1.8	147
Marital Status									
Currently Married	94.9	20.2	13.5	11.8	3.8	3.6	3.4	3.0	1,023
Previously Married	*	*	*	*	*	*	*	*	14*
Never Married	98.2	24.2	15.3	11.6	5.3	3.9	4.0	4.3	703
No. of Living Children									
0	98.5	24.5	15.5	12.0	5.5	3.9	4.5	4.5	815
1	98.7	20.6	18.5	15.1	5.7	3.8	4.5	4.8	221
2	95.7	23.6	14.5	13.2	3.7	4.3	3.6	3.1	468
3	93.6	14.6	7.3	9.2	2.4	3.0	1.7	1.6	167
4+	80.7	12.7	8.8	2.6	0.3	2.0	0.3	0.0	69
Education									
Primary or Less	92.6	10.3	5.2	5.1	1.4	0.6	0.5	1.2	689
Secondary	99.3	24.9	17.2	14.1	4.4	3.8	4.3	3.5	825
Post-Secondary	99.8	68.4	48.2	36.4	20.5	20.7	18.0	16.5	226
Lifetime No. of Partners	**								
0	98.0	14.5	8.4	7.5	3.4	1.8	2.0	1.8	446
1	93.5	14.4	9.2	6.0	4.1	2.8	3.2	2.0	448
2+	98.4	29.6	18.1	17.0	5.4	5.1	5.3	5.8	702
Don't Know	89.2	35.8	33.4	22.1	4.4	7.3	2.9	4.1	144

^{*} Percentages are not shown when base is less than 25 cases.

Table 14.2 A
Percentage of Women Aged 15–44 With Knowledge of Symptoms Associated With STIs,
Other Than HIV/AIDS, in a Woman by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Lo one S	d of at east TI other IIV/AIDS	Knowled	Knowledge of Symptoms of STIs in a Woman (Percent Distribution)					
Characteristic	%	N	No Awareness of STIs	No Symptoms Known	One Symptom	Two or More Symptoms	Total	No. of Cases	
Total	58.8	5,697	41.2	18.8	11.7	28.3	100.0	5,697	
Strata									
Tirana	65.6	2,108	34.4	19.0	9.9	36.8	100.0	2,108	
Urban	67.9	1,816	32.1	24.9	12.1	30.9	100.0	1,816	
Rural	52.0	1,773	48.0	15.5	12.0	24.5	100.0	1,773	
Age Group									
15–19	42.2	1,094	57.8	17.5	11.1	13.6	100.0	1,094	
20–24	56.6	936	43.4	17.8	12.0	26.8	100.0	936	
25–29	65.1	946	34.9	22.3	11.1	31.8	100.0	946	
30–34	64.2	1,067	35.8	16.7	11.7	35.8	100.0	1,067	
35–39	66.9	958	33.1	18.7	12.2	36.0	100.0	958	
40–44	64.3	696	35.7	20.6	12.4	31.3	100.0	696	
Marital Status									
Currently Married	64.3	3,965	35.7	19.4	12.2	32.7	100.0	3,965	
Previously Married	71.8	88	28.2	12.8	14.5	44.6	100.0	88	
Never Married	47.2	1,644	52.8	18.1	10.5	18.6	100.0	1,644	
Education									
Primary or Less	49.3	2,519	50.7	15.3	11.5	22.6	100.0	2,519	
Secondary	66.0	2,483	34.0	23.0	12.0	31.1	100.0	2,483	
Post-Secondary	88.5	695	11.5	23.2	12.1	53.2	100.0	695	
Lifetime No. of Partne	rs								
0	45.1	1,439	54.9	17.6	10.4	17.0	100.0	1,439	
1	64.7	4,140	35.4	19.5	12.2	33.0	100.0	4,140	
2+	69.9	113	30.1	13.8	16.9	39.3	100.0	113	
Don't Know	*	5*	*	*	*	*	*	5	

^{*} Percentages are not shown when base is less than 25 cases.

Table 14.2 B
Percentage of Men Aged 15–49 With Knowledge of Symptoms Associated With STIs,
Other Than HIV/AIDS, in a Man by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	L	d of at east TI Other	Knowle	dge of Symp	otoms of ST	Is in a Man	,	
	Than I	HIV/AIDS		(Percent	Distribution		_	
Characteristic	%	N	No Awareness of STIs	No Symptoms Known	One Symptom	Two or More Symptoms	Total	No. of Cases
Total	26.5	1,740	73.5	6.6	4.6	15.2	100.0	1,740
Strata								
Tirana	35.8	718	64.2	5.7	6.8	23.3	100.0	718
Urban	37.3	547	62.7	9.6	6.6	21.1	100.0	547
Rural	16.5	475	83.5	5.3	2.6	8.6	100.0	475
Age Group								
15–19	22.7	401	77.3	6.7	4.4	11.6	100.0	401
20–24	26.0	189	74.0	7.4	4.2	14.4	100.0	189
25–29	30.2	218	69.8	5.3	5.2	19.8	100.0	218
30–34	29.5	253	70.5	4.1	5.0	20.4	100.0	253
35–39	24.7	255	75.3	5.8	4.3	14.6	100.0	255
40–44	26.5	277	73.5	9.7	5.2	11.6	100.0	277
45-49	27.8	147	72.2	7.3	4.3	16.2	100.0	147
Marital Status								
Currently Married	25.2	1,023	74.8	6.1	4.4	14.8	100.0	1,023
Previously Married	*	14*	*	*	*	*	*	14
Never Married	28.5	703	71.5	7.6	4.9	16.0	100.0	703
Education								
Primary or Less	13.5	689	86.5	2.7	2.8	8.0	100.0	689
Secondary	31.8	825	68.2	10.4	5.5	15.9	100.0	825
Post-Secondary	71.2	226	28.8	9.7	10.4	51.1	100.0	226
Lifetime No. of Partn	ers							
0	18.2	446	81.8	4.5	3.5	10.1	100.0	446
1	16.6	448	83.4	2.8	3.6	10.2	100.0	448
2+	36.5	702	63.5	10.3	5.6	20.6	100.0	702
Don't Know	43.1	144	56.9	10.5	7.9	24.7	100.0	144

^{*} Percentage not shown when base is less than 25 cases.

Table 14.3 A

Most Important Source of Information About Sexually Transmitted Infections

All Women Aged 15–44 Who Have Heard of at Least One STI by Selected Characteristics

Reproductive Health Survey: Albania, 2002

(Percent Distribution)

		Мо	st Impo	rtant Sou	rce of In	formation	n About	STIs			
Characteristic	Mass Media	Friends	Doctor	A Parent or Relative	Books	School	Partner	Other	Do Not Remember	Total	No. of Cases
Total	84.2	1.0	2.6	1.3	2.9	4.4	3.4	0.0	0.2	100.0	3,596
Strata											
Tirana	75.4	1.9	3.9	1.9	5.2	7.7	4.0	0.0	0.1	100.0	1,417
Urban	84.17	1.5	1.1	1.5	3.7	5.5	2.4	0.0	0.1	100.0	1,244
Rural	87.5	0.3	3.1	0.9	1.5	2.5	4.0	0.0	0.3	100.0	935
Age Group											
15–19	66.7	0.5	0.4	3.9	4.6	20.1	3.9	0.0	0.1	100.0	512
20–24	82.0	0.8	1.6	1.2	4.3	6.6	3.4	0.0	0.0	100.0	578
25–29	89.9	0.6	2.6	0.3	2.0	0.6	3.8	0.0	0.3	100.0	646
30–34	87.5	1.2	4.3	0.4	3.0	0.7	2.5	0.0	0.4	100.0	722
35–39	88.6	1.3	2.6	0.9	2.1	0.4	3.9	0.0	0.2	100.0	664
40–44	88.2	1.5	3.7	1.4	1.8	0.1	3.1	0.0	0.2	100.0	474
Marital Status											
Currently Married	88.5	1.0	3.1	1.3	1.9	0.8	3.1	0.0	0.3	100.0	2,659
Previously Married	91.2	1.8	0.7	0.7	0.7	0.0	5.0	0.0	0.0	100.0	61
Never Married	71.7	0.8	1.3	1.4	5.9	14.7	4.1	0.0	0.0	100.0	876
Education											
Primary or Less	88.0	0.5	2.5	1.2	1.0	1.6	4.9	0.0	0.2	100.0	1,275
Secondary	82.8	1.1	2.5	1.5	3.2	6.4	2.3	0.0	0.3	100.0	1,702
Post-Secondary	74.6	2.6	3.1	1.1	9.2	7.8	1.7	0.0	0.0	100.0	619
Lifetime No. of Partn	ers										
0	71.5	0.7	1.1	1.5	5.5	15.6	4.2	0.0	0.0	100.0	713
1	88.4	1.0	2.9	1.2	2.0	1.0	3.2	0.0	0.2	100.0	2,796
2+	71.0	4.2	6.7	1.3	9.6	3.8	3.4	0.0	0.0	100.0	83
Don't Know	*	*	*	*	*	*	*	*	*	*	4

^{*} Percentage not shown when base is less than 25 cases.

Table 14.3 B
Most Important Source of Information on Sexually Transmitted Infections
All Men Aged 15–49 Who Have Heard of at Least One STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

		Mos	t Importa	nt Sourc	e of Info	rmation	About S	STIs			
Characteristic	Mass Media	Friends	Doctor	A Parent or Relative	Books	School	Partner	Other	Do Not Remember	Total	No. of Cases
Total	66.4	7.1	10.1	1.4	7.7	4.8	0.1	0.0	2.4	100.0	545
Strata											
Tirana	67.6	4.6	11.7	0.9	9.3	4.5	0.3	0.0	1.0	100.0	264
Urban	62.8	8.9	9.4	1.8	8.2	5.2	0.0	0.0	3.7	100.0	203
Rural	70.2	6.8	9.5	1.3	5.6	4.9	0.0	0.0	1.8	100.0	78
Age Group											
15–19	59.8	0.7	1.6	4.1	9.8	22.8	0.0	0.0	1.2	100.0	100
20–24	63.7	4.2	7.4	3.5	13.6	4.1	0.0	0.0	3.5	100.0	60
25–29	69.0	7.2	10.8	0.0	10.7	2.3	0.0	0.0	0.0	100.0	76
30–34	69.8	11.8	9.6	0.0	5.5	1.3	0.0	0.0	1.9	100.0	86
35–39	70.8	5.3	15.0	0.0	3.8	0.0	0.7	0.0	4.3	100.0	76
40–44	67.5	15.4	11.5	0.0	4.4	0.6	0.0	0.0	0.6	100.0	92
45-49	64.7	5.0	17.3	2.1	4.8	0.0	0.0	0.0	6.2	100.0	55
Marital Status											
Currently Married	69.6	8.3	12.2	0.4	4.2	1.8	0.2	0.0	3.4	100.0	313
Previously Married	*	*	*	*	*	*	*	*	*	*	6
Never Married	61.7	5.3	7.4	2.8	12.6	9.3	0.0	0.0	1.0	100.0	226
Education											
Primary or Less	62.7	9.1	16.0	1.7	5.0	2.0	0.0	0.0	3.5	100.0	99
Secondary	70.8	6.2	9.9	1.1	1.6	8.1	0.0	0.0	2.4	100.0	281
Post-Secondary	60.9	7.0	4.5	1.9	23.1	1.2	0.4	0.0	1.2	100.0	165
Lifetime No. of Partne	ers										
0	62.4	0.7	2.1	3.3	10.0	20.4	0.0	0.0	1.2	100.0	99
1	78.2	4.4	3.9	1.6	8.0	0.0	0.0	0.0	3.9	100.0	101
2+	59.6	11.9	16.3	1.1	8.0	2.4	0.2	0.0	0.6	100.0	277
Don't Know	82.0	0.0	4.1	0.0	3.1	1.6	0.0	0.0	9.2	100.0	68

^{*} Percentage not shown when base is less than 25 cases.

Table 14.4 A
Percentage of Women of Reproductive Age Who Had Received Radio And Television
Messages About HIV/AIDS and Other STIs During The Past Six Months
By Selected Characteristics
Reproductive Health Survey: Albania, 2002

HIV/AIDS OTHER STI's Neither Radio Nor TV Radio And TV Neither Radio Nor TV Radio And TV Do Not Know Do Not Know Radio Radio No. of Characteristic T۷ TV Total Cases Total 51.5 5.5 0.3 39.5 3.3 6.2 1.3 0.1 86.4 6.0 100.0 5,697 Strata 2.9 55.4 7.8 0.5 33.5 11.7 2.8 0.6 78.6 6.3 100.0 2.108 Tirana 3.2 55.9 7.4 33.3 10.1 2.0 7.0 Urban 0.3 0.1 80.7 100.0 1,816 Rural 48.1 3.7 0.2 44.6 3.4 2.4 0.5 0.0 91.7 5.4 100.0 1,773 Age Group 15-19 48.9 6.7 0.3 41.7 2.6 3.5 1.2 0.2 90.3 4.8 100.0 1,094 20 - 2451.0 7.3 0.4 38.4 2.9 7.5 1.5 0.2 85.4 5.5 100.0 936 25-29 51.2 4.2 0.4 40.5 3.8 5.7 1.1 0.1 86.9 6.3 100.0 946 30-34 52.5 4.5 0.4 39.4 3.2 8.5 1.1 0.2 83.2 7.0 100.0 1,067 35-39 54.5 4.5 0.3 36.6 4.1 6.9 1.6 0.2 84.6 6.7 100.0 958 40-44 52.1 5.0 0.0 39.6 3.3 5.7 1.5 0.1 86.5 6.2 100.0 696 **Marital Status** 3.2 6.2 1.2 51.4 0.2 40.5 0.1 86.4 6.1 3.965 **Currently Married** 4.7 100.0 32.9 5.9 9.9 1.3 88 **Previously Married** 57.9 2.6 0.7 0.7 69.7 18.4 100.0 **Never Married** 37.9 6.0 1.5 5.0 51.5 7.1 0.4 3.1 0.3 87.3 100.0 1,644 Education Primary or Less 46.7 4.2 0.2 45.8 3.2 2.7 0.4 0.0 91.0 5.9 100.0 2,519 Secondary 56.4 6.1 0.3 33.6 3.6 8.4 2.3 0.2 83.1 6.0 100.0 2,483 Post-Secondary 61.1 25.2 2.6 19.0 3.2 0.9 70.7 6.1 100.0 695 10.9 0.3 Lifetime No. of Partners 0 50.7 7.2 0.4 38.4 3.3 5.1 1.5 0.3 88.1 5.0 100.0 1,439 1 51.8 4.7 0.2 40.0 3.3 6.4 1.3 0.1 85.8 6.4 100.0 4,140 2+ 55.5 3.6 0.9 40.0 0.0 15.5 0.0 0.9 77.3 6.4 100.0 113 Don't Know

^{*} Percentage not shown when base is less than 25 cases.

Table 14.4 B

Percentage of Men of Reproductive Age Who Had Received Radio And Television Messages About HIV/AIDS and Other STIs During The Past Six Months By Selected Characteristics

Reproductive Health Survey: Albania, 2002

		HIV/AIDS					0	THER	STI's			
Characteristic	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	TV	Radio And TV	Radio	Neither Radio Nor TV	Do Not Know	Total	No. of Cases
Total	44.9	18.2	0.5	34.3	2.1	6.6	12.5	0.3	71.2	9.4	100.0	1,740
Strata			0.0	00		0.0	12.0	0.0		•		.,•
Tirana	45.3	23.2	0.5	28.4	2.6	10.8	13.5	0.4	62.6	12.7	100.0	718
Urban	41.6	17.4	1.1	38.6	1.2	5.9	12.7	0.2	73.5	7.8	100.0	547
Rural	46.7	12.5	0.4	38.3	2.1	1.5	11.5	0.2	80.9	6.0	100.0	475
Age Group												
15–19	49.9	18.1	0.0	28.7	3.2	4.1	11.9	0.7	75.0	8.3	100.0	401
20–24	53.1	7.3	0.3	37.5	1.9	3.8	6.3	0.0	82.2	7.7	100.0	189
25–29	37.7	24.1	0.3	36.0	1.9	5.7	16.7	0.0	70.5	7.1	100.0	218
30–34	48.8	17.8	1.2	31.3	0.9	7.0	14.7	0.8	69.1	8.5	100.0	253
35–39	44.0	16.5	1.0	36.7	1.7	4.5	14.0	0.0	72.7	8.8	100.0	255
40–44	40.6	14.4	1.0	42.1	1.9	3.8	11.6	0.0	78.8	5.8	100.0	277
45-49	36.2	13.9	0.5	47.2	2.2	3.8	10.8	0.0	76.8	8.6	100.0	147
Marital Status												
Currently Married	41.4	16.5	0.9	39.6	1.7	4.2	13.7	0.1	75.2	6.9	100.0	1,023
Previously Married	*	*	*	*	*	*	*	*	*	*	*	14
Never Married	50.7	15.4	0.3	31.2	2.5	5.2	10.1	0.5	74.8	9.4	100.0	703
Education												
Primary or Less	45.4	13.4	0.5	38.8	1.9	1.7	11.8	0.2	79.4	6.9	100.0	689
Secondary	44.6	18.2	0.9	34.6	1.7	5.2	12.1	0.2	73.7	8.7	100.0	825
Post-Secondary	43.5	20.5	0.0	32.8	3.2	18.0	15.0	0.2	58.0	8.9	100.0	226
Lifetime No. of Partne	ers											
0	53.8	15.9	0.0	28.1	2.2	3.5	10.9	0.5	78.1	7.0	100.0	446
1	49.9	19.0	8.0	28.9	1.5	3.2	15.2	0.1	75.8	5.7	100.0	448
2+	38.5	14.5	8.0	44.6	1.6	5.7	11.0	0.2	74.2	9.0	100.0	702
Don't Know	28.5	13.1	0.9	52.4	5.1	8.8	11.4	0.0	66.9	12.9	100.0	42

^{*} Percentage not shown when base is less than 25 cases.

Table 14.5 A
Percentage of Women Aged 15-44 Years with a Diagnosis of
Specified Sexually Transmitted Infections by Selected Characteristics
Reproductive Health Survey: Albania, 2002

	Yeast			Genital		Genital		No. of
Characteristic		Syphilis	Gonorrhea	Herpes	Trichomoniasis	Warts	Chlamydia	
Total	8.3	0.0	0.0	0.0	0.1	0.1	0.0	5,697
Strata								
Tirana	11.5	0.0	0.0	0.2	0.2	0.1	0.0	2,108
Urban	9.0	0.0	0.0	0.0	0.1	0.1	0.0	1,816
Rural	7.1	0.0	0.0	0.0	0.1	0.1	0.0	1,773
Age Group								
15–19	1.2	0.0	0.0	0.0	0.0	0.0	0.0	1,094
20–24	6.3	0.0	0.0	0.0	0.0	0.0	0.0	936
25–29	11.3	0.0	0.0	0.2	0.1	0.1	0.0	946
30–34	11.3	0.0	0.0	0.0	0.1	0.3	0.0	1,067
35–39	13.3	0.0	0.0	0.1	0.2	0.0	0.0	958
40–44	9.4	0.0	0.0	0.1	0.1	0.1	0.1	696
Marital Status								
Currently Married	11.7	0.0	0.0	0.1	0.1	0.1	0.0	3,965
Previously Married	15.2	0.0	0.0	0.0	0.0	0.0	0.0	88
Never Married	1.2	0.0	0.0	0.0	0.0	0.0	0.0	1,644
No. of Living Children								
0	2.7	0.0	0.0	0.0	0.0	0.0	0.0	1,943
1	12.9	0.0	0.0	0.0	0.3	0.0	0.0	828
2	11.5	0.0	0.0	0.2	0.1	0.3	0.1	1,840
3	10.9	0.0	0.0	0.0	0.2	0.0	0.0	795
4+	12.0	0.0	0.0	0.0	0.0	0.0	0.0	291
Education								
Primary or Less	7.3	0.0	0.0	0.1	0.0	0.1	0.1	2,519
Secondary	9.4	0.0	0.0	0.0	0.1	0.0	0.0	2,483
Post-Secondary	10.2	0.0	0.0	0.0	0.2	0.0	0.0	695
Lifetime No. of Partner	's							
0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	1,439
1	11.5	0.0	0.0	0.1	0.1	0.1	0.0	4,140
2+	17.3	0.0	0.0	0.0	0.9	0.0	0.0	113
Don't Know	**	**	**	**	**	**	**	5

^{*} Respondents were not asked about the results of HIV testing.

 $^{^{\}star}$ *Percentage not shown when base is less than 25 cases.

Table 14.5 B Percentage Men Aged 15-49 With a Diagnosis of **Specified Sexually Transmitted Infections by Selected Characteristics** Reproductive Health Survey: Albania, 2002

	Yeast			Genital		Genital	.	No. of
Characteristic	Infection		Gonorrhea	Herpes	Trichomoniasis	Warts	Chlamydia	Cases
Total	1.2	0.0	0.0	0.0	0.0	0.0	0.1	1,740
Strata								
Tirana	1.5	0.0	0.0	0.1	0.0	0.0	0.0	718
Urban	2.3	0.0	0.0	0.0	0.0	0.0	0.0	547
Rural	0.4	0.0	0.0	0.0	0.0	0.0	0.0	475
Age Group								
15–19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	401
20–24	0.7	0.0	0.0	0.0	0.0	0.0	0.0	189
25–29	1.9	0.0	0.0	0.0	0.0	0.0	0.0	218
30–34	1.7	0.0	0.0	0.0	0.0	0.0	8.0	253
35–39	1.3	0.0	0.0	0.0	0.0	0.0	0.0	255
40–44	0.6	0.0	0.0	0.1	0.0	0.0	0.0	277
45-49	2.9	0.0	0.0	0.0	0.0	0.0	0.0	147
Marital Status								
Currently Married	1.7	0.0	0.0	0.0	0.0	0.0	0.2	1,023
Previously Married	**	**	**	**	**	**	**	14
Never Married	0.4	0.0	0.0	0.0	0.0	0.0	0.0	703
No. of Living Children								
0	0.9	0.0	0.0	0.0	0.0	0.0	0.2	815
1	2.7	0.0	0.0	0.2	0.0	0.0	0.0	221
2	1.3	0.0	0.0	0.0	0.0	0.0	0.0	468
3	1.0	0.0	0.0	0.0	0.0	0.0	0.0	167
4+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	69
Education								
Primary or Less	0.6	0.0	0.0	0.0	0.0	0.0	0.2	689
Secondary	2.0	0.0	0.0	0.0	0.0	0.0	0.0	825
Post-Secondary	0.2	0.0	0.0	0.0	0.0	0.0	0.0	226
Lifetime No. of Partne	rs							
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	446
1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	448
2+	2.0	0.0	0.0	0.1	0.0	0.0	0.3	702
Don't Know	5.2	0.0	0.0	0.0	0.0	0.0	0.0	42

^{*} Respondents were not asked about the results of HIV testing.
**Percentage not shown when base is less than 25 cases.

Table 14.6 A
Level of Awareness, Testing, Diagnosis, And Treatment For STIs
Among Women Aged 15-44 Years Who Have Ever Had Sexual
Intercourse by Specific Sexually Transmitted Infections
Reproductive Health Survey: Albania, 2002

Specific STIs	Awareness of The STI	Testing for The STI	Diagnosis of The STI	Treatment For The STI	Number of Caes
HIV/AIDS	95.7	0.3	*	*	4,087
Yeast Infection	62.9	14.0	11.5	11.5	4,087
Syphilis	13.4	0.1	0.0	0.0	4,087
Gonorrhea	6.3	0.1	0.0	0.0	4,087
Genital Herpes	5.7	0.2	0.1	0.1	4,087
Genital Warts	4.6	0.1	0.1	0.1	4,087
Trichomonas	4.5	0.3	0.1	0.1	4,087
Chlamydia	3.8	0.1	0.0	0.0	4,087

^{*} Respondents were not asked about the results of HIV testing.

Table 14.6 B
Level of Awareness, Testing, Diagnosis, And Treatment For
STIs Among Men Aged 15-49 Years Who Have Ever Had Sexual
Intercourse by Specific Sexually Transmitted Infections
Reproductive Health Survey: Albania, 2002

Specific STIs	Awareness of The STI	Testing For The STI	Diagnosis of The STI	Treatment For The STI	Number of Cases
HIV/AIDS	95.5	0.9	*	*	1,296
Syphilis	24.2	0.2	0.0	0.0	1,296
Gonorrhea	16.1	0.2	0.0	0.0	1,296
Yeast Infection	13.1	1.7	1.5	1.4	1,296
Trichomonas	4.8	0.1	0.0	0.0	1,296
Genital Herpes	4.4	0.0	0.0	0.0	1,296
Chlamydia	4.2	0.2	0.1	0.1	1,296
Genital Warts	4.1	4.1	0.0	0.0	1,296

 $[\]ensuremath{^{\star}}$ Respondents were not asked about the results of HIV testing.

Table 14.7 A
Percent Distribution of Women Aged 15-44 Who Have Heard
of at Least One Sexually Transmitted Infection
By Self-Perceived Risk of Acquiring an STI by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Self-Perceiv	ed Risk		_	
Characteristic	High or Medium risk	Low Risk	No Risk	Do Not Know	Total	No. of Cases
Total	2.2	13.7	79.7	4.3	100.0	3596
Strata						
Tirana	3.6	14.7	77.6	4.1	100.0	1417
Urban	2.6	13.6	79.9	4.0	100.0	1244
Rural	1.5	13.4	80.4	4.7	100.0	935
Age Group						
15–19	1.0	7.2	88.2	3.6	100.0	512
20–24	2.1	13.1	79.1	5.7	100.0	578
25–29	2.1	18.6	74.8	4.5	100.0	646
30–34	3.4	12.9	79.8	4.0	100.0	722
35–39	1.7	13.6	79.6	5.1	100.0	664
40–44	3.0	16.1	77.9	3.1	100.0	474
Marital Status						
Currently Married	2.8	15.3	77.5	4.4	100.0	2659
Previously Married	0.0	5.8	90.6	3.7	100.0	61
Never Married	1.1	10.1	84.6	4.2	100.0	876
Education						
Primary or Less	2.0	11.8	80.4	5.8	100.0	1275
Secondary	2.0	15.5	79.0	3.5	100.0	1702
Post-Secondary	4.0	14.3	79.7	2.1	100.0	619
Lifetime No. of Partners	;					
0	0.7	7.9	87.3	4.0	100.0	713
1	2.6	15.3	77.7	4.5	100.0	2796
2+	9.0	24.0	65.0	2.1	100.0	83
Don't Know	*	*	*	*	*	4

^{*} Percentage not shown when base is less than 25 cases.

Table 14.7 B
Percent Distribution of Men Aged 15-49 Who Have Heard of at Least One
Sexually Transmitted Infection By Self-Perceived Risk of Acquiring an STI
by Selected Characteristics

Reproductive Health Survey: Albania, 2002

		Self-Perceiv	ed Risk		_	
Characteristic	High or Medium Risk	Low Risk	No Risk	Do Not Know	Total	No. of Cases
Total	1.7	1.8	88.3	8.2	100.0	545
Strata						
Tirana	1.5	1.7	82.7	14.1	100.0	264
Urban	1.1	1.3	91.0	6.6	100.0	203
Rural	2.8	2.5	89.5	5.2	100.0	78
Age Group						
15–19	3.2	2.3	88.6	6.0	100.0	100
20–24	0.0	1.7	82.8	15.5	100.0	60
25–29	1.4	6.6	84.8	7.2	100.0	76
30–34	3.7	0.6	80.5	15.2	100.0	86
35–39	0.7	0.0	92.5	6.8	100.0	76
40–44	0.0	0.7	95.6	3.7	100.0	92
45-49	2.2	0.0	95.9	1.9	100.0	55
Marital Status						
Currently Married	2.0	0.2	90.2	7.6	100.0	313
Previously Married	*	*	*	*	*	6
Never Married	1.3	4.0	85.9	8.9	100.0	226
Education						
Primary or Less	1.9	3.7	86.9	7.6	100.0	99
Secondary	2.1	1.6	88.2	8.1	100.0	281
Post-Secondary	0.8	0.4	90.0	8.9	100.0	165
Lifetime No. of Partners						
0	3.1	1.2	91.8	3.9	100.0	99
1	0.5	0.0	96.7	2.8	100.0	101
2+	1.4	3.1	84.2	11.3	100.0	277
Don't Know	3.0	0.0	86.8	10.1	100.0	68

^{*} Percentage not shown when base is less than 25 cases.

Table 14.8 A
Percentage of Women Aged 15–44 Who Have Heard of HIV/AIDS,
Who Believe HIV/AIDS Infection Can Be Asymptomatic,
and Who Know Where HIV Testing Is Provided by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Have Heard of HIV/AIDS	Believe That HIV/AIDS Infection Can Be Asymptomatic	Know Where HIV Tests Are Provided	Have Been Tested For HIV	No. of Cases
Total	95.7	55.5	16.9	0.2	5,697
Strata					
Tirana	97.1	62.9	32.3	0.6	2,108
Other Urban	98.1	62.8	19.3	0.2	1,816
Rural	94.0	49.4	11.1	0.1	1,773
Age Group					
15–19	95.7	55.2	15.9	0.0	1,094
20–24	97.1	60.7	17.2	0.1	936
25–29	97.2	56.7	17.1	0.2	946
30–34	94.1	55.8	18.7	0.3	1,067
35–39	96.1	53.6	15.2	0.2	958
40–44	93.9	50.4	17.7	0.3	696
Marital Status					
Currently Married	95.5	53.9	16.3	0.2	3,965
Previously Married	96.0	58.9	20.5	0.5	88
Never Married	96.1	58.5	17.8	0.1	1,644
Education					
Primary or Less	92.8	45.1	9.0	0.0	2,519
Secondary	98.9	64.1	21.4	0.3	2,483
Post-Secondary	99.8	84.7	48.1	0.7	695
Lifetime No. of Partners					
0	95.8	57.3	16.2	0.1	1,439
1	95.7	54.6	16.8	0.2	4,140
2+	95.5	60.0	32.7	0.0	113
Don't Know	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

Table 14.8 B
Percentage of Men Aged 15–49 Who Have Heard of HIV/AIDS,
Who Believe HIV/AIDS Infection Can be Asymptomatic,
and Who Know Where HIV Testing is Provided by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Have Heard of HIV/AIDS	Believe That HIV/AIDS Infection Can be Asymptomatic	Know Where HIV Tests Are Provided	Have Been Tested For HIV	No. of Cases
Total	96.1	44.7	33.2	0.8	1,740
Strata					
Tirana	98.4	50.6	46.0	3.7	718
Other Urban	98.2	62.2	40.7	0.2	547
Rural	93.9	31.9	23.6	0.0	475
Age Group					
15–19	98.4	44.4	26.0	0.1	401
20–24	99.9	53.1	34.4	2.5	189
25–29	96.6	53.2	43.9	0.9	218
30–34	99.5	52.1	41.6	0.2	253
35–39	93.9	39.9	31.4	0.5	255
40–44	95.3	40.3	34.5	0.5	277
45-49	86.7	27.1	21.3	1.0	147
Marital Status					
Currently Married	94.9	40.0	33.2	0.5	1,023
Previously Married	*	*	*	*	14
Never Married	98.2	52.0	33.2	1.1	703
Education					
Primary or Less	92.6	29.7	20.5	0.4	689
Secondary	99.3	53.7	39.5	0.8	825
Post-Secondary	99.8	82.7	70.9	3.0	226
Lifetime No. of Partne	ers				
0	98.0	43.2	24.6	0.4	446
1	93.5	32.3	29.5	0.3	448
2+	98.4	55.8	40.9	1.5	702
Don't Know	89.3	43.2	36.7	0.7	42

^{*}Percentage not shown when base is less than 25 cases.

Table 14.9 A
Percentage of Women Aged 15-44 Who Do Not Know Principle
Mechanisms of HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	MTCT Breastfeeding	MTCT Pregnancy or Delivery	Unprotected Homosexual Intercourse	Non- Sterile Needles	Blood Transfusion	Unprotected Heterosexual Intercourse	No. of Cases
Total	23.9	17.5	15.8	10.0	10.2	5.3	5,697
Strata							
Tirana	25.7	14.1	13.5	7.6	7.1	5.5	2,108
Urban	21.2	13.2	12.6	6.1	7.1	5.9	1,816
Rural	24.8	20.8	18.2	12.8	12.8	4.9	1,773
Age Group							
15–19	28.7	20.7	20.4	10.5	10.4	5.7	1,094
20–24	26.2	19.8	14.5	9.4	10.1	5.0	936
25–29	21.2	13.4	15.2	11.6	10.7	5.2	946
30–34	22.5	18.0	15.0	10.3	9.6	5.6	1,067
35–39	21.1	16.7	14.5	8.8	11.2	5.0	958
40–44	21.5	15.3	13.7	8.8	9	5.1	696
Marital Status							
Currently Married	22.2	16.7	15.2	10.4	10.7	5.4	3,965
Previously Married	31.8	22.5	11.1	9.8	13.0	4.1	88
Never Married	26.7	18.8	17.3	9.1	8.9	5.2	1,644
Education							
Primary or Less	26.3	22.3	19.2	14.3	15.4	6.6	2,519
Secondary	21.0	13.3	13.0	5.5	4.9	3.9	2,483
Post-Secondary	20.9	5.7	6.3	1.7	0.4	3.3	695
Lifetime No. of Partr	ners						
0	26.4	19.0	17.3	9.2	9.0	5.4	1,439
1	22.7	17.1	15.3	10.4	10.8	5.3	4,140
2+	24.9	8.7	7.2	6.9	7.1	3.4	113
Don't Know	*	*	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

Table 14.9 B
Percentage of Men Aged 15-49 Who Do Not Know Principle Mechanisms
of HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	MTCT Breastfeeding	MTCT Pregnancy or Delivery	Unprotected Homosexual Intercourse	Non-Sterile Needles	Blood Transfusion	Unprotected Heterosexual Intercourse	No. of Cases
Total	55.2	37.4	35.7	14.0	8.0	16.5	1,740
Strata							
Tirana	53.6	32.1	29.4	6.8	3.6	18.8	718
Urban	52.8	27.9	33	12.2	6.2	14.1	547
Rural	57.1	45.1	39.7	17.8	10.8	17.0	475
Age Group							
15–19	62.8	48.0	47.1	16.0	5.8	21.4	401
20–24	54.3	34.7	33.8	12.9	6.4	19.8	189
25–29	52.4	34.2	22.6	9.6	4.5	9.5	218
30–34	53.9	32.7	27.2	8.0	4.2	15.2	253
35–39	56.0	37.0	38.7	12.3	10.2	19.0	255
40–44	50.4	32.2	40.6	15.5	10.1	15.5	277
45-49	53.3	39.3	34.8	24.2	16.7	12.0	147
Marital Status							
Currently Married	54.2	36.9	35.8	14.9	9.9	15.5	1,023
Previously Married	*	*	*	*	*	*	14
Never Married	56.7	38.1	36.1	12.6	5.1	18.2	703
Education							
Primary or Less	55.3	43.5	41.9	18.1	11.0	17.9	689
Secondary	56.4	35.6	32.5	11.6	5.9	16.4	825
Post-Secondary	48.5	13.2	17.4	2.7	1.8	9.7	226
Lifetime No. of Partne	ers						
0	63.7	47.8	43.8	15.8	6.2	23.5	446
1	63.7	46.5	39.2	15.6	12.7	22.8	448
2+	41.5	25.0	30.9	10.3	5.8	8.4	702
Don't Know	61.4	28.9	19.5	19.2	5.7	9.3	42

^{*} Percentage not shown when base is less than 25 cases.

Table 14.10 A

Percentage of Women Aged 15-44 Who Correctly Reject Misconceptions
About HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Shaking Hands	Manicure	Public Toilet	Kissing	Eating Utensils	Mosquito Bites	Dental/ Surgical	Never Heard of HIV/AIDS	No. of Cases
Total	66.3	66.1	44.2	41.6	38.3	24.8	4.0	4.3	5,697
Strata									
Tirana	73.2	72.4	49.7	50.3	47.3	26.5	3.4	3.0	2,108
Urban	73.1	73.6	50.2	51.2	45.4	28.9	3.0	1.9	1,816
Rural	60.7	60.2	39.3	33.9	31.5	22.1	4.8	6.0	1,773
Age Group									
15–19	72.7	72.2	50.8	47.4	42.6	28.5	6.3	4.3	1,094
20–24	74.9	72.3	48.3	44.5	40.1	26.9	4.6	2.9	936
25–29	65.6	66.2	40.2	38.5	37.9	24.6	3.8	2.9	946
30–34	60.8	60.9	44.4	41.3	38.4	23.6	2.9	5.9	1,067
35–39	60.7	61.2	38.5	36.6	35.1	19.3	3.7	3.9	958
40–44	60.2	61.1	40.0	38.8	33.7	24.5	2.0	6.1	696
Marital Status									
Currently Married	62.3	62.6	40.9	38.3	36.0	23.0	3.4	4.5	3,965
Previously Married	62.1	59.0	41.5	40.5	26.7	25.0	2.3	4.3	88
Never Married	74.7	73.5	50.9	48.2	43.4	28.3	5.5	4.0	1,644
Education									
Primary or Less	57.2	56.2	37.0	32.6	28.3	21.2	4.9	7.2	2,519
Secondary	74.3	75.6	49.3	48.3	46.6	27.5	3.5	1.1	2,483
Post-Secondary	90.4	87.4	68.5	70.1	65.5	36.3	0.8	0.3	695
Lifetime No. of Parti	ners								
0	73.6	72.9	51.2	46.7	42.6	28.3	5.7	4.2	1,439
1	63.1	63.0	41.1	39.3	36.2	23.3	3.4	4.3	4,140
2+	70.1	70.5	45.9	45.0	48.7	23.4	1.8	4.4	113
Don't Know	*	*	*	*	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

Table 14.10 B

Percentage of Men Aged 15-49 Who Correctly Reject Misconception
About HIV Transmission by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Shaking Hands	Public Toilet	Manicure	Kissing	Eating Utensils	Mosquito Bites	Dental/ Surgical	Never Heard of HIV/AIDS	No. of Cases
Total	87.8	77.4	61.9	56.9	41.5	35.0	13.3	3.9	1,740
Strata									
Tirana	88.1	72.1	61.5	53.8	51.6	31.9	9.4	1.6	718
Urban	88.9	83.2	67.0	63.9	47.1	38.0	16.1	1.8	547
Rural	87.0	76.0	58.8	53.9	33.8	34.3	13.1	6.1	475
Age Group									
15–19	88.6	71.9	61.1	52.8	43.8	30.6	13.8	1.6	401
20–24	92.2	83.3	66.0	66.0	47.6	40.0	17.5	0.1	189
25–29	89.9	84.6	65.0	58.8	47.0	39.7	13.0	3.4	218
30–34	86.5	79.2	61.6	53.0	44.7	35.4	9.0	0.5	253
35–39	83.4	77.8	66.1	56.8	35.9	33.3	13.2	6.1	255
40–44	83.5	70.4	55.2	54.6	36.1	31.9	12.2	4.7	277
45-49	90.9	76.5	57.3	57.5	31.3	35.3	14.1	13.3	147
Marital Status									
Currently Married	86.0	76.2	61.4	55.0	37.3	33.5	13.4	5.1	1,023
Previously Married	*	*	*	*	*	*	*	*	14
Never Married	90.4	79.1	62.2	59.8	47.0	37.2	13.3	1.8	703
Education									
Primary or Less	82.9	71.7	55.6	50.2	32.3	29.9	14.2	7.4	689
Secondary	91.4	80.2	66.8	60.6	46.3	38.6	13.8	0.7	825
Post-Secondary	95.4	92.9	69.6	72.4	64.2	43.3	6.4	0.2	226
Lifetime No. of Part	ners								
0	90.3	76.4	62.6	55.4	45.1	37.4	15.5	2.0	446
1	86.7	78.4	55.4	49.9	33.0	37.9	15.3	6.5	448
2+	85.8	78.8	64.7	63.2	44.0	31.1	12.1	1.6	702
Don't Know	94.3	69.1	70.4	57.1	49.8	35.4	3.9	10.7	42

^{*} Percentage not shown when base is less than 25 cases.

Table 14.11 A
Percentage of Women Aged 15-44 Who Know HIV Infection Can Be Asymptomatic,
And is Not Spread by Dental Treatment or Mosquito Bite, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Know That H	IIV is Not Spread by:		
Characteristic	Know HIV Can Be Asymptomatic	Mosquito Bites	Dental/ Surgical Treatment	UNAIDS Knowledge Indicator 2**	No. of Cases
Total	55.5	24.8	4.0	0.8	5,697
Strata					
Tirana	62.9	26.5	3.4	0.8	2,108
Urban	62.8	28.9	3.0	0.5	1,816
Rural	49.4	22.1	4.8	0.9	1,773
Age Group					
15–19	55.2	28.5	6.3	1.5	1,094
20–24	60.7	26.9	4.6	1.0	936
25–29	56.7	24.6	3.8	0.7	946
30–34	55.8	23.6	2.9	0.6	1,067
35–39	53.6	19.3	3.7	0.6	958
40–44	50.4	24.5	2.0	0.0	696
Marital Status					
Currently Married	53.9	23.0	3.4	0.5	3,965
Previously Married	58.9	25.0	2.3	0.0	88
Never Married	58.5	28.3	5.5	1.3	1,644
Education					
Primary or Less	45.1	21.2	4.9	0.8	2,519
Secondary	64.1	27.5	3.5	1.0	2,483
Post-Secondary	84.7	36.3	0.8	0.1	695
Lifetime No. of Partners					
0	57.3	28.3	5.7	1.3	1,439
1	54.6	23.3	3.4	0.6	4,140
2+	60.0	23.4	1.8	0.0	113
Don't Know	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

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^{**} Indicator 2 represents the percentage of all women with correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment.

Table 14.11 B
Percentage of Men Aged 15-49 Who Know HIV Infection Can Be Asymptomatic, And is Not Spread by Medical Treatment or Mosquito Bite, by Selected Characteristics Reproductive Health Survey: Albania, 2002

		Know That	HIV is Not Spread by:	_	
Characteristic	Know HIV Can Be Asymptomatic	Mosquito Bites	Dental/ Surgical Treatment	UNAIDS Knowledge Indicator 2**	No. of Cases
Total	44.7	33.6	12.8	1.1	1,740
Strata					
Tirana	50.6	31.4	9.3	1.7	718
Urban	62.2	37.3	15.8	1.6	547
Rural	31.9	32.3	12.4	0.5	475
Age Group					
15–19	44.4	30.1	13.5	0.7	401
20–24	53.1	40.0	17.5	2.7	189
25–29	53.2	38.4	12.5	1.4	218
30–34	52.1	35.2	8.9	0.8	253
35–39	39.9	31.2	12.4	0.5	255
40–44	40.3	30.5	11.7	0.2	277
45-49	27.1	30.7	12.3	1.6	147
Marital Status					
Currently Married	40.0	31.8	12.8	0.9	1,023
Previously Married	*	*	*	*	14
Never Married	52.0	36.5	13.0	1.4	703
Education					
Primary or Less	29.7	27.7	13.1	1.3	689
Secondary	53.7	38.3	13.8	1.1	825
Post-Secondary	82.7	43.3	6.4	0.5	226
Lifetime No. of Partners					
0	43.2	36.6	15.2	1.4	446
1	32.3	35.4	14.3	0.7	448
2+	55.8	30.6	11.9	1.3	702
Don't Know	43.2	31.7	3.5	0.7	42

^{*} Percentage not shown when base is less than 25 cases.

^{**} Indicator 2 represents the percentage of all men with correct knowledge that HIV could be asymptomatic, and is not spread by mosquito bites or through medical treatment.

Table 14.12 A
Percent Distribution of Women Aged 15-44 Who Mentioned Possible Means
of Preventing HIV/AIDS Spontaneously And After Probing
Reproductive Health Survey: Albania, 2002

	Mention	ed			
Possible Means	Spontaneously	Probed	Did Not Mention	Have Not Heard of HIV/AIDS	Total
Stay Faithful to One Partner	35.8	53.9	6.0	4.3	100.0
Use Condoms	30.5	44.2	21.0	4.3	100.0
Sterilize Needles And Syringes	24.1	62.9	8.7	4.3	100.0
Avoid Blood Transfusions	21.6	61.8	12.3	4.3	100.0
Avoid Sex With Prostitutes	14.7	75.6	5.4	4.3	100.0
Limit Number of Sexual Partners	11.6	77.9	6.2	4.3	100.0
Avoid Sharing Razors or Needles	11.4	72.3	12.0	4.3	100.0
Avoid Sex With Bisexuals	10.3	79.3	6.1	4.3	100.0
Abstain From Sex	9.5	36.9	49.3	4.3	100.0
Ask Partner to Be Tested For HIV	9.2	69.9	16.6	4.3	100.0
Do Not Donate Blood	8.8	74.8	12.1	4.3	100.0

Table 14.12 B
Percent Distribution of Men Aged 15-49 Who Mentioned Possible Means of Preventing HIV/AIDS Spontaneously and After Probing Reproductive Health Survey: Albania, 2002

	Mentione	d	•			
Possible Means	Spontaneously	Probed	Did Not Mention	Have Not Heard HIV/AIDS	Total	
Use Condoms	38.3	38.5	19.3	3.9	100.0	
Avoid Sex With Prostitutes	34.9	56.9	4.3	3.9	100.0	
Stay Faithful to One Partner	18.5	60.8	16.8	3.9	100.0	
Avoid Blood Transfusions	13.3	68.6	14.2	3.9	100.0	
Sterilize Needles And Syringes	12.3	74.6	9.2	3.9	100.0	
Limit Number of Sexual Partners	5.6	77.2	13.3	3.9	100.0	
Abstain From Sex	5.3	55.5	35.3	3.9	100.0	
Avoid Sharing Razors or Needles	3.9	78.1	14.1	3.9	100.0	
Avoid Sex With Bisexuals	3.4	71.6	21.1	3.9	100.0	
Do Not Donate Blood	1.9	65.9	28.3	3.9	100.0	
Ask Partner to Be Tested For HIV	1.8	74.6	19.7	3.9	100.0	

Table 14.13 A

Percent of Women Aged 15-44 Who Know Possible Means of Preventing HIV/AIDS

Transmission Spontaneously and After Probing, by Selected Characteristics

Reproductive Health Survey: Albania, 2002

Characteristic	Avoid Risky Sex	Monogamy Limit Number of Partners	Avoid Blood Donation/ Transfusion	Sterilize Needles/ Avoid Sharing Needles	Ask Partner to Be Tested	Use Condoms	Abstain From Sex	No. of Cases
Total	87.1	85.9	84.6	83.8	79.1	74.7	46.4	5,697
Strata								
Tirana	88.9	86.4	87.0	87.6	83.2	86.2	47.0	2,108
Urban	90.4	89.0	89.5	88.7	84.0	82.0	47.0	1,816
Rural	84.8	84.1	81.3	80.0	75.3	67.4	45.9	1,773
Age Group								
15–19	85.9	84.5	83.5	82.2	76.6	73.4	46.9	1,094
20–24	87.9	85.9	86.5	85.7	79.7	78.5	49.4	936
25–29	90.3	89.9	87.1	85.2	83.4	79.0	46.7	946
30–34	85.8	85.8	84.4	82.0	77.7	74.7	44.9	1,067
35–39	86.9	85.6	82.8	84.7	78.0	73.2	44.4	958
40–44	86.4	84.4	83.7	83.2	75.8	69.6	45.7	696
Marital Status								
Currently Married	87.0	86.4	84.2	83.4	78.2	73.8	45.0	3,965
Previously Married	90.0	87.0	89.2	81.2	80.3	79.3	54.2	88
Never Married	87.1	84.9	85.2	84.7	80.8	76.3	48.7	1,644
Education								
Primary or Less	82.4	81.5	78.9	77.0	72.7	64.8	44.5	2,519
Secondary	92.4	91.2	90.3	90.7	85.8	84.4	50.3	2,483
Post-Secondary	94.0	90.5	95.8	96.1	90.1	95.4	41.0	695
Lifetime No. of Partn	iers							
0	86.8	84.4	84.5	84.0	79.8	75.2	49.4	1,439
1	87.2	86.6	84.6	83.6	78.7	74.3	45.0	4,140
2+	89.0	84.9	89.0	86.4	82.7	84.4	50.5	113
Don't Know	*	*	*	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

Table 14.13 B
Percent of Men Aged 15-49 Who Know Possible Means of Preventing HIV/AIDS Transmission
Spontaneously and After Probing, by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Avoid Risky Sex	Sterilize Needles/ Avoid Sharing Needles	Avoid Blood Donation/ Transfusion	Monogamy Limit Number of Partners	Use Condoms	Ask Partner to Be Tested	Abstain From Sex	No. of Cases
Total	77.0	80.9	70.7	79.5	76.8	76.4	60.8	1,740
Strata								
Tirana	80.3	80.5	69.5	75.4	87.0	69.7	59.6	718
Urban	81.5	85.3	76.5	83.7	83.3	80.0	63.7	547
Rural	73.1	78.5	67.7	78.6	69.0	76.9	59.6	475
Age Group								
15–19	73.2	81.2	69.9	75.6	84.2	73.6	61.8	401
20–24	75.0	82.7	74.1	71.3	85.1	74.0	54.6	189
25–29	80.0	86.0	77.2	84.7	86.2	82.4	65.3	218
30–34	85.7	88.3	77.6	85.6	84.7	82.7	64.2	253
35–39	78.6	79.2	66.7	79.7	65.8	78.8	56.9	255
40–44	77.7	79.2	68.9	82.3	65.9	74.3	63.1	277
45-49	69.5	67.8	59.2	79.0	61.0	69.2	59.8	147
Marital Status								
Currently Married	77.4	79.5	68.9	82.4	70.9	77.2	61.8	1,023
Previously Married	*	*	*	*	*	*	*	14
Never Married	76.3	83.2	73.4	75.4	86.3	75.2	59.5	703
Education								
Primary or Less	73.8	75.9	65.6	78.0	68.0	74.4	60.3	689
Secondary	78.7	84.5	74.3	80.8	83.4	78.1	60.8	825
Post-Secondary	86.3	91.1	80.7	81.3	93.1	79.0	64.0	226
Lifetime No. of Parti	ners							
0	74.8	80.5	71.6	76.1	82.3	74.0	63.2	446
1	70.6	80.7	63.0	82.5	61.2	77.1	67.5	448
2+	82.8	81.6	73.7	81.5	86.2	76.9	55.6	702
Don't Know	80.6	80.0	82.9	68.5	74.3	79.0	52.8	42

^{*} Percentage not shown when base is less than 25 cases.

Table 14.14a
Percent of Women Aged 15-44 Who Believe HIV Can Be Prevented By Limiting
Number of Sexual Partners, Being Monogomous, And Using Condoms,
by Selected Characteristics
Reproductive Health Survey: Albania, 2002

		Limit Number of		UNAIDS Knowledge	No. of
Characteristic	Monogomy	Sexual Partners	Condoms	Indicator 1*	Cases
Total	89.6	89.5	79.0	72.6	5,697
Strata					
Tirana	91.1	92.4	89.2	84.3	2,108
Urban	92.6	92.9	83.9	79.6	1,816
Rural	87.6	86.8	73.4	65.4	1,773
Age Group					
15–19	87.3	86.6	77.8	70.9	1,094
20–24	90.4	90.6	81.4	76.3	936
25–29	92.2	92.5	81.9	77.1	946
30–34	89.3	88.6	80.6	72.6	1,067
35–39	90.6	90.3	77.0	70.9	958
40–44	88.7	89.1	75.6	67.9	696
Marital Status					
Currently Married	90.4	90.1	78.3	72.1	3,965
Previously Married	92.8	92.2	83.6	76.9	88
Never Married	87.8	88.0	80.2	73.3	1,644
Education					
Primary or Less	85.5	84.3	72.0	62.5	2,519
Secondary	94.4	95.0	85.5	82.4	2,483
Post-Secondary	94.7	97.9	95.6	93.8	695
Lifetime No. of Partner	rs				
0	87.7	87.4	79.4	72.2	1,439
1	90.5	90.3	78.6	72.5	4,140
2+	85.2	91.4	88.8	81.1	113
Don't Know	**	**	**	**	5**

^{*} Indicator 1 represents the percentage of all women who identify monogomy, condom use and partner limitation as prevention measures against HIV.

^{**} Percentage not shown when base is less than 25 cases.

Table 14.14 B
Percent of Men Aged 15-49 Who Believe HIV Can Be Prevented By Limiting Number of Sexual Partners, Being Monogamous, And Using Condoms, by Selected Characteristics Reproductive Health Survey: Albania, 2002

Characteristic	Monogamy	Limit Number of Sexual Partners	Condoms	UNAIDS Knowledge Indicator 1*	No. of Cases
Total	79.2	82.8	80.7	68.8	1,740
Strata					
Tirana	80.3	81.4	88.6	76.0	718
Urban	83.0	86.3	85.2	74.5	547
Rural	76.6	81.2	75.0	62.6	475
Age Group					
15–19	73.0	77.3	85.8	71.2	401
20–24	69.3	75.7	85.3	67.8	189
25–29	81.3	86.8	89.6	81.1	218
30–34	85.2	89.2	85.2	78.4	253
35–39	80.0	85.6	71.9	61.4	255
40–44	86.1	85.4	70.7	61.8	277
45-49	83.2	81.8	74.2	58.3	147
Marital Status					
Currently Married	84.2	85.6	76.0	66.7	1,023
Previously Married	**	**	**	**	14
Never Married	71.5	78.4	88.2	72.3	703
Education					
Primary or Less	78.9	80.6	75.4	62.4	689
Secondary	79.4	84.4	84.1	73.3	825
Post-Secondary	80.6	86.5	93.3	82.3	226
Lifetime No. of Partne	ers				
0	74.1	78.4	84.3	71.4	446
1	88.1	83.3	67.7	58.4	448
2+	76.8	86.2	87.9	76.4	702
Don't Know	73.1	77.9	85.2	64.1	42

^{*} Indicator 1 represents the percentage of all men who identify monogamy, condom use and partner limitation as prevention measures against

 $^{^{\}star\star}$ Percentage not shown when base is less than 25 cases.

Table 14.15 A Percent Distribution of Women Aged 15-44 by Self-Perceived Risk of Contracting HIV/AIDS by Selected Characteristics Reproductive Health Survey: Albania, 2002

	Great	Moderate	Little	No	Don't	Never Heard		No. of
Characteristic	Risk	Risk	Risk	Risk	Know	of HIV/AIDS	Total	Cases
Total	1.2	1.8	11.4	78.5	2.9	4.3	100.0	5,697
Strata								
Tirana	1.3	2.5	10.8	80.0	2.5	3.0	100.0	2,108
Urban	1.0	2.1	11.8	80.6	2.7	1.9	100.0	1,816
Rural	1.2	1.4	11.3	77.0	3.1	6.0	100.0	1,773
Age Group								
15–19	1.3	1.5	10.4	79.5	3.0	4.3	100.0	1,094
20–24	1.4	2.1	10.2	80.9	2.5	2.9	100.0	936
25–29	1.5	1.1	10.3	81.4	2.9	2.9	100.0	946
30–34	1.5	2.3	11.9	74.6	3.9	5.9	100.0	1,067
35–39	0.8	2.0	13.6	77.1	2.7	3.9	100.0	958
40–44	0.6	1.6	12.2	77.2	2.4	6.1	100.0	696
Marital Status								
Currently Married	1.3	1.8	11.7	77.4	3.3	4.5	100.0	3,965
Previously Married	0.0	4.2	9.3	79.7	2.5	4.3	100.0	88
Never Married	1.1	1.5	10.7	80.7	2.1	4.0	100.0	1,644
Education								
Primary or Less	1.1	1.6	10.0	76.2	3.9	7.2	100.0	2,519
Secondary	1.2	1.6	12.2	82.0	1.8	1.1	100.0	2,483
Post-Secondary	1.4	3.1	15.9	77.9	1.4	0.3	100.0	695
Lifetime No. of Partne	ers							
0	1.2	1.4	10.6	80.7	1.9	4.2	100.0	1,439
1	1.2	1.9	11.3	78.0	3.3	4.3	100.0	4,140
2+	2.3	2.7	24.8	64.2	1.6	4.4	100.0	113
Don't Know	*	*	*	*	*	*	*	5

^{*} Percentage not shown when base is less than 25 cases.

Table 14.15 B
Percent Distribution of Men Aged 15-49
by Self-Perceived Risk of Contracting HIV/AIDS
by Selected Characteristics
Reproductive Health Survey: Albania, 2002

Characteristic	Great Risk	Moderate Risk	Little Risk	No Risk	Don't Know	Never Heard of HIV/AIDS	Total	No. of Cases
Total	0.7	1.2	8.4	78.8	7.0	3.9	100.0	1,740
Strata								
Tirana	0.2	0.8	14.6	75.9	6.8	1.6	100.0	718
Urban	0.9	0.4	9.1	80.9	6.9	1.8	100.0	547
Rural	0.8	1.9	5.4	78.7	7.2	6.0	100.0	475
Age Group								
15–19	0.0	0.6	5.9	87.1	4.8	1.6	100.0	401
20–24	1.4	3.6	13.6	72.8	8.5	0.2	100.0	189
25–29	1.5	1.9	9.1	78.8	5.3	3.4	100.0	218
30–34	0.4	1.8	11.2	78.0	8.1	0.5	100.0	253
35–39	1.0	0.7	7.8	78.0	6.4	6.1	100.0	255
40–44	0.6	0.2	7.6	75.3	11.6	4.7	100.0	277
45-49	0.0	0.0	3.0	78.8	4.9	13.3	100.0	147
Marital Status								
Currently Married	0.6	0.6	7.4	78.4	7.9	5.1	100.0	1,023
Previously Married	*	*	*	*	*	*	*	14
Never Married	0.8	2.2	10.0	79.7	5.6	1.8	100.0	703
Education								
Primary or Less	1.1	0.8	4.9	78.6	7.2	7.4	100.0	689
Secondary	0.3	1.8	9.4	80.5	7.3	0.7	100.0	825
Post-Secondary	0.6	1.0	21.4	71.5	5.2	0.3	100.0	226
Lifetime No. of Partne	ers							
0	0.4	2.4	4.1	87.6	3.5	2.0	100.0	446
1	0.5	0.0	0.6	88.2	4.2	6.5	100.0	448
2+	1.2	1.7	16.6	70.9	8.0	1.6	100.0	702
Don't Know	0.0	0.0	11.6	52.5	25.1	10.8	100.0	42

^{*} Percentage not shown when base is less than 25 cases.

Table 14.16 A
Opinion About The Main Risk Factor of Contracting HIV/AIDS
Among Women 15-44 Who Have Heard About HIV/AIDS
And Believe They Have Any Risk of Contracting HIV/AIDS
Reproductive Health Survey: Albania, 2002

Main Risk Factors	Percent Distribution
Medical/Dental Treatment	90.8
Does Not Trust Partner	4.9
Received Blood Transfusion	2.0
Manicure/ Haircut	0.7
Used IV Drugs/ Shared Needles	0.4
Unprotected Sex With Casual Partner	0.2
Many Sexual Partners/ Trade Sex For Money	0.0
Other	0.4
Don't Know	0.7
Total	100.0
Total Number of Cases	827

Table 14.16 B
Opinion About The Main Risk Factor of Contracting HIV/AIDS
Among Men 15-44 Who Have Heard About HIV/AIDS
And Believe They Have Any Risk of Contracting HIV/AIDS
Reproductive Health Survey: Albania, 2002

Main Risk Factors	Percent Distribution
Medical/Dental Treatment	54.4
Unprotected Sex With Casual Partner	16.2
Used IV Drugs/ Shared Needles	7.6
Many Sexual Partners/ Trade Sex For Money	7.5
Manicure/ Haircut	4.8
Does Not Trust Partner	3.8
Received Blood Transfusion	1.1
Other	0.0
Don't Know	4.6
Total	100.0
Total Number of Cases	203

Table 14.17 A

Opinion About The Main Factor That Protects From Contracting HIV/AIDS Among Women Aged 15-44 Who Have Heard of HIV/AIDS And Believe That They Have No Risk of Contracting HIV/AIDS, by Selected Characteristics Reproductive Health Survey: Albania, 2002 (Percent Distribution)

		1		-						
	Monogamy	Not Sexually Active	it ner	Do Not Share Needles	Use Condoms	Do Not Get/Need Transfusion	<u>.</u>	≥		N
Characteristic	Mon	Not Sexuall Active	Trust Partner	Do Not Share Needles	Use	Do Not Get/Nee Transfu	Other	Don't Know	Total	No. of Cases
Total	40.5	31.5	23.0	0.8	0.8	0.6	0.0	2.8	100.0	4,515
Strata										
Tirana	45.6	29.8	20.1	0.5	1.7	0.9	0.0	1.4	100.0	1,690
Urban	42.6	28.6	24.3	0.5	1.0	0.7	0.2	2.1	100.0	1,458
Rural	37.8	33.7	23.1	1.1	0.4	0.4	0.0	3.5	100.0	1,367
Age Group										
15–19	8.6	81.0	5.7	1.5	0.2	0.5	0.0	2.5	100.0	875
20–24	33.8	43.8	17.3	0.3	1.1	0.8	0.0	2.9	100.0	766
25–29	45.7	18.5	30.1	1.2	1.4	0.4	0.0	2.7	100.0	760
30–34	54.3	10.0	30.5	0.6	1.2	0.5	0.4	2.5	100.0	813
35–39	58.3	6.1	29.6	0.2	0.6	0.5	0.0	4.7	100.0	744
40–44	56.4	8.3	32.2	1.0	0.4	0.6	0.0	1.1	100.0	557
Marital Status										
Currently Married	60.6	0.4	34.3	0.5	0.8	0.4	0.0	3.0	100.0	3,123
Previously Married	5.8	82.6	1.7	6.6	0.8	1.7	0.0	8.0	100.0	72
Never Married	4.4	87.6	2.8	1.1	0.7	0.7	0.1	2.6	100.0	1,320
Education										
Primary or Less	40.9	31.1	22.6	0.7	0.2	0.3	0.0	4.2	100.0	1,947
Secondary	39.6	32.2	24.2	1.1	0.8	8.0	0.0	1.3	100.0	2,047
Post-Secondary	42.2	31.3	19.5	0.9	4.2	0.9	0.4	0.6	100.0	521
Lifetime No. of Partne	ers									
0	1.1	94.3	0.1	1.2	0.0	0.7	0.1	2.5	100.0	1,166
1	58.3	3.3	33.2	0.7	1.1	0.5	0.0	2.9	100.0	3,276
2+	47.1	14.3	32.9	0.0	4.3	1.4	0.0	0.0	100.0	70
Don't Know	*	*	*	*	*	*	*	*	*	3

^{*} Percentage not shown when base is less than 25 cases.

Table 14.17 B

Opinion About The Main Factor That Protects From Contracting HIV/AIDS Among
Men Aged 15-49 Who Have Heard of HIV/AIDS And Believe That They Have
No Risk of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey: Albania, 2002
(Percent Distribution)

Characteristic	Monogamy	Not Sexually Active	Trust Partner	Use Condoms	Do Not Get/Need Transfusion	Do Not Share Needles	Total	No. of Cases
Total	47.6	26.7	12.8	8.4	3.1	1.4	100.0	1,371
Strata								
Tirana	50.3	21.3	10.7	14.1	1.7	1.9	100.0	553
Urban	42.6	24.2	17.5	11.2	3.6	0.9	100.0	439
Rural	49.6	30.1	10.7	4.7	3.3	1.6	100.0	379
Age Group								
15–19	0.6	90.6	0.6	1.5	5.0	1.6	100.0	341
20–24	19.9	43.9	6.1	22.9	7.2	0.0	100.0	135
25–29	52.0	7.1	19.4	17.7	1.8	2.0	100.0	171
30–34	64.9	3.1	18.4	8.8	2.9	1.9	100.0	195
35–39	73.8	1.2	17.9	5.4	0.0	1.7	100.0	202
40–44	74.2	0.8	18.0	3.3	1.9	1.8	100.0	211
45-49	76.9	2.3	16.0	2.7	1.4	0.7	100.0	116
Marital Status								
Currently Married	74.3	1.3	18.1	3.5	1.4	1.4	100.0	801
Previously Married	*	*	*	*	*	*	*	11
Never Married	7.5	65.1	4.8	15.6	5.5	1.5	100.0	559
Education								
Primary or Less	47.9	30.8	12.6	4.1	2.6	2.0	100.0	545
Secondary	47.0	25.2	12.3	11.0	3.6	0.9	100.0	666
Post-Secondary	49.7	9.2	15.9	20.7	3.5	1.0	100.0	160
Lifetime No. of Partne	rs							
0	1.0	93.1	0.0	0.1	4.7	1.1	100.0	390
1	89.8	0.7	3.9	2.3	2.5	0.8	100.0	401
2+	40.7	2.5	32.1	19.9	2.6	2.2	100.0	502
Don't Know	65.7	3.1	10.9	17.2	1.0	2.1	100.0	78

^{*} Percentage not shown when base is less than 25 cases.

Chapter 15

VIOLENCE AGAINST WOMEN

Introduction

Physical and sexual violence against women is increasingly recognized as a global problem that can affect physical and mental health. The adoption of Resolution WHA49.25 by the World Health Organization drew international attention to the potential consequences of violence on the impact on the delivery of health care services (WHO, 1987). The resolution also called on member nations to establish data systems that could document the dimensions of the problem of violence.

Violence against women, also known as "gender-based violence," encompasses a wide variety of acts and behaviors, including verbal, physical, and sexual violence, but also includes restriction of access to food, health care, or economic assets, female genital cutting, other forms of violence across the life cycle. Women in all cultures experience violence, and although some indicators such as poverty and lack of education are often associated with higher levels of violence, experience of violence is reported by women of all socioeconomic and educational levels. Often cited as potential contributors to the cultural acceptability of violence against women are gender norms and stereotypes, women's economic dependence on men, lack of legislation or loose enforcement of existing laws, and lack of preventive activities that support the development of alternatives to physical violence in resolving conflict or anger (WHO, 2001).

The data presented in this report represent the first national population based data available on the issue of violence against women in Albania. The lack of data on domestic violence at the national level in Albania has hampered the development of program services and strategies (Haxhiymeri et al., 2000). Reliable data on violence in general and specifically about intimate partner violence are very scarce. Police departments, legal offices and health care centers seldom record such type of data and the Ministry of Public Order lacks accurate statistics on the ratio between different types of crimes. Both the Ministry of Public Order and the Ministry of Justice categorize domestic crime simply as crimes of one person against another. There are no separate entries and no further break down of statistics to identify intimate partner violence (Refleksione, 2000; Haxhiymeri et al., 2000). Mortality data on fatalities are not accurate and information by geographic areas or age groups is incomplete.

Since the late 1990's, Refleksione, Albanian women's association. and other researchers have conducted several investigations of the issue of violence against women in Albania on a limited scale. One study, conducted in selected districts of Albania, found that 39% of female participants had experienced physical abuse and 25% of them experienced emotional abuse (Miria, 1996). In another community study, sexual abuse was reported by 9% to 23% of women (Miria et al., 2000). Another local study found that 46% of women living in rural areas compared

with 36% of women living in urban areas experienced physical abuse by their partners while 28% of women living in the rural areas reported sexual abuse compared to 36% of women living the urban areas (Kaci et al., 1996). However, this was not a population-based study. Some other qualitative studies have examined the characteristics of victims of domestic violence in Albania (Van Hook et al., 2000; Co-PLAN, 2001; Baban et al., 2003). A women's center based in Tirana since the late 1990s has monitored the press as one of its main activities. The monitoring process of 7 newspapers in 2001 made possible the review of 1,130 articles and 207 (18.3%) were about domestic violence, while in 2002 the monitoring process reviewed 1,244 articles with domestic violence accounting for 9.9% of them (Gjermeni et al., 2003).

Domestic violence is still being treated as a private problem and not a societal problem. Gender based violence is still not considered as a health problem and health workers are not trained on this issue. Community based work to address the problem of domestic violence is almost not existing.

Limited services for victims of abuse exist, generally sponsored by NGOs or other civil society organizations. These include counseling centers and women's shelters mainly in Tirana. Training programs designed to raise awareness among the police, social workers, and the communities are very rare (Refleksione, 2000; Haxhiymeri et al., 2000). The services that exist function in the absence of adequate legal protections for victims of violence. Only 5% of cases of domestic violence asked for legal protection according to

the women's legal office (Mecaj, 1997).

The Albanian civil code does not address the issue of domestic violence and the Albanian criminal code offers little support to victims, who must file a complaint and prepare their own case; but, often, cases of domestic violence are not treated as criminal cases. When cases are withdrawn, no legal provisions exist to pursue prosecution. Activists have pointed out that revisions of the penal code and civil procedures in Albania are necessary in order to adequately address the manner in which domestic cases are addressed (Van Hook et al., 2000).

Data on violence against women can be of critical use in drawing local and national attention to the problem and the need to strengthen services and preventive efforts to address it. In several countries, survey data on violence have been instrumental in the establishment or reinforcement of laws that protect women and children. The data also can be used to educate providers of health care services, law enforcement or legal services, and social services. Moreover, national level data can be an important key to understanding the dimensions of the problems of intimate partner violence (IPV) and sexual violence in Albania. They can be used to identify individual characteristics and risk factors for violence, including the association of violence and key indicators of women's reproductive health or women's health in general.

Scientific investigation of the dimensions of violence against women is relatively new, and questions on violence against women in population-based surveys only became common in the mid-1990s. Collection of data in Albania followed

guidelines set forth by the World Health Organization regarding the ethical implementation of survey research on violence against women (World Organization, 2001). Health guidelines recommend the adoption of methodological strategies to minimize underreporting of violence by survey participants. Similar to other national, population-based surveys in Eastern Europe (Serbanescu et al., 1995, 1998, 2001, 2003) and in other parts of the world (Kishor, 2004), the Albania Reproductive Health Survey used a modified Conflict Tactics Scale (Straus and Gelles, 1979) to collect data on specific acts of verbal, physical, and sexual violence. Research has indicated that asking people about specific acts (e.g., slapping, throwing an object, hitting with a fist) can help avoid underreporting due to cultural differences in what is considered an "abusive" or "violent" act.

The WHO guidelines include training for interviewers and other field staff on the topic of violence against women. In addition to an in-depth orientation to the topic, field staff also was trained in specific techniques for the suspension of questions regarding violence in cases where absolute privacy is not possible during the interview, and measures to be followed when a participant disclosed abuse.

Despite these and other efforts to minimize underreporting, researchers have generally assumed that due to factors such as stigma, fear of reprisals, or cultural norms, violence data are underreported in population-based surveys. The degree of underestimation in survey research is thought to vary across countries and within countries due to

culture and religion, and likely depends on the cultural acceptability of discussing or reporting violence (Kishor S and Johnson K, 2004.) The data in this report, therefore, should be interpreted with caution as they might reflect a lower estimate of the true prevalence of violence in Albania.

In Albania, the Reproductive Health Survey focused on three distinct aspects of violence against women: 1) history of violence in childhood; 2) verbal, physical or sexual violence inflicted by current or former intimate partners, here termed "intimate partner violence (IPV)", also often referred to as "domestic violence"; and 3) women's experience of forced sexual intercourse, or sexual coercion. In addition to asking reproductive age women about their experience of these three types of violence, Albanian men were also asked about their history of violence during childhood, and their perpetration of verbal, physical, or sexual violence against a current or former intimate partner. The male data from this survey documents the male perpetration of domestic violence in Albania for the first time.

Comparison of Violence across Countries of Eastern Europe

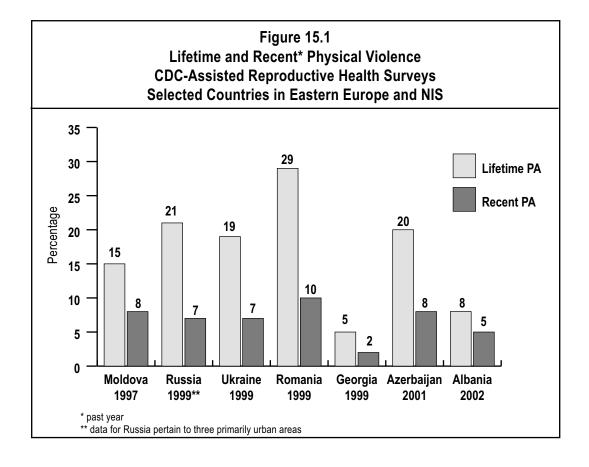
The questions asked of women in Albania are comparable to questions that have been asked in reproductive health surveys in a number of other countries of Eastern Europe and the Former Soviet Union (FSU). Culturally and legally, Albania shares with other countries of the region some common characteristics regarding the legal status of women and gender norms (CDC and ORC Macro, 2003).

Figure 15.1 shows substantial variation in reports of lifetime and past year physical violence according to country. Reported lifetime abuse ranges from 29% in Romania to 5% in the Republic of Georgia. Albanian women reported prevalence of lifetime violence on the lower end of that range, at 8%. Similarly, reported physical violence during the past year ranged from a high of 10% in Romania, to a low of 2% in Georgia. Again, Albanian women reported prevalence of physical violence during the past year just above that reported by Georgian women (5%).

History of Witnessing or Experiencing Abuse during Childhood

Having witnessed violence in the home during childhood is one of the most noted risk factors for violence as an adult (Hoteling and Sugarman, 1986). In Albania, both women and men were asked whether, during their childhood or adolescence, they ever saw or heard their parents or step-parents physically abuse each other. Respondents were also asked whether, as a child, they were ever beaten or physically mistreated by anyone in their family.

Among Albanian women aged 15–44, 12% reported having witnessed parental abuse, and 27% reported having received physical abuse themselves during childhood (Table 15.1A). Prevalence of both indicators was greater among residents of rural areas compared to urban residents. Prevalence of both having witnessed abuse and having been physically abused was greater among women with four or more children, lower education, lower socioeconomic status,

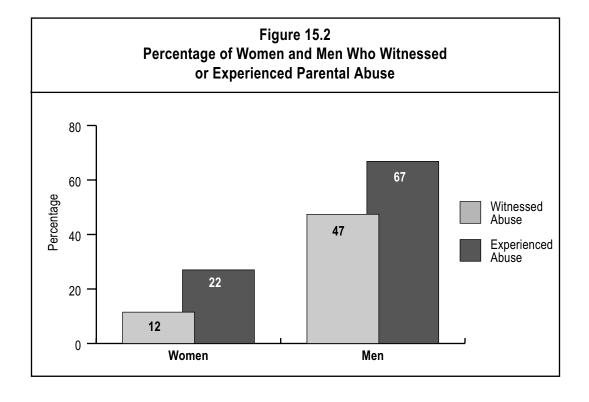


and among those who did not work for wages. For example, 20% of women with a post-secondary education reported having been physically abused as a child, compared to 31% of women with an education level of primary or less.

Albanian men aged 15–49 reported significantly higher levels of both indicators compared to women (Table 15.1B and Figure 15.2). Overall, 47% of men reported having witnessed parental violence compared to 12% of women, and 67% of men reported having been beaten or physically mistreated themselves as children, compared to 27% of women. While it might be expected that having experienced physical abuse would vary by sex, the difference in reports of men and women of having witnessed parental abuse, is quite striking and suggests potential underreporting on the part of women. Also, according to Albanian tradition, it is

said that young men should endure more hardship than young women.

Similar to women, among Albanian men variations in the two indicators by individual characteristics revealed higher prevalence both of having witnessed abuse and having experienced physical abuse among rural residents compared to urban (Table 15.1B). Among men, there was no significant difference by age. As with women, men who reported a higher number of living children, lower education, and lower socioeconomic status also reported higher levels of both indicators of violence during childhood. For example, among men with primary education or less, 52% reported having witnessed abuse and 72% reported having experienced abuse, compared with 27% and 44%, respectively, among men with post-secondary education. Employment



status was not associated with either indicator for men.

The data indicate that having witnessed violence in the home is highly associated with having been abused for both men and women. Among women who witnessed physical violence between their parents, 81% experienced physical abuse themselves as a child, compared to only 19% among women who reported that they did not witness physical abuse between their parents. For men, a similar strong association was found between having witnessed parental abuse and having experienced physical abuse as a child. Whereas only 10% of men who did not witness physical violence between parents experienced physical abuse themselves as a child, 90% of those who witnessed parental physical violence reported that they themselves were also physically abused.

Women's Experience of Intimate Partner Violence

Intimate partner violence (IPV) constitutes one aspect of gender-based violence, and is defined as verbal, physical, or sexual violence that occurs between current or former intimate partners, including husbands and wives, members of a consensual union, or in casual intimate relationships. In Albania, the definition of intimate partner violence was restricted to that occurring between current or former married partners or members of a consensual union with cohabitation. As noted in the introduction, IPV in Albania was measured using a modified Conflict Tactics Scale (CTS) that asks about specific acts or behaviors. In Albania, the modified CTS inquired about specific acts of verbal violence or abuse, physical violence, and coercive sex as outlined in Figure 15.3.

Figure 15.3 Questions asked using modified Conflict Tactics Scale (CTS)

Type of Violence From Intimate Partner	CTS Element
Verbal	• Insulted you or swore at you?
	• Threatened to hurt you or someone you care about?
Physical	 Pushed you, shook you, shoved you, or threw something at you?
	• Slapped you or twisted your arm?
	• Hit you with his fist or with something else?
	• Threatened you with a knife or weapon?
	• Kicked you, choked you, or beat you up?
Sexual	 Physically forced you to have sexual relations even though you did not want to?

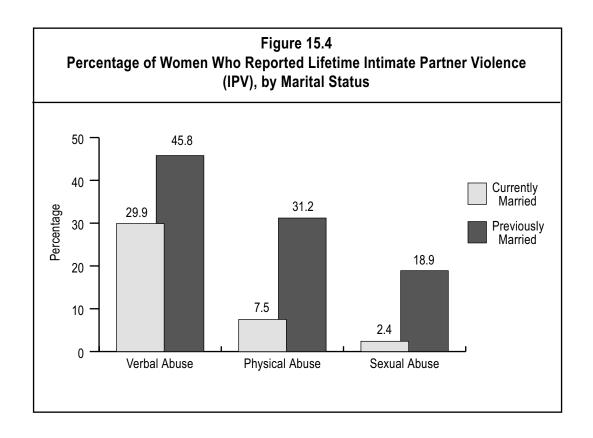
For each element, women were asked whether the type of violence had ever occurred. Respondents who answered that they had experienced a specific type of violence were then asked when their most recent experience had happened.

For data analysis, responses were combined and categorized as shown in Figure 15.4 into verbal, physical, or sexual violence. Responses were also categorized into two timeframes: lifetime experience of verbal, physical, or sexual violence; and experience of the three types of violence within the past year, as an estimate of the current magnitude of the problem.

Table 15.2A shows the reported prevalence of violence occurring in the women's lifetime and in the past year to Albanian women aged 15–44 who were ever married or in union. Overall,

30% of Albanian women reported ever having experienced verbal abuse from an intimate partner, and 23% reported having experienced verbal abuse during the past year. Lifetime physical violence was reported by 8% of women, with 5% reporting physical violence during the past year. Finally, 3% of Albanian women reported ever having been forced to have unwanted sex by a husband or partner, with 2% reporting unwanted sex during the past year.

Table 15.2A also shows data on violence during women's lifetime and during the past year disaggregated by selected individual characteristics. Little variation was found according to place of residence. When women's current age was taken into account, little variation was found in lifetime prevalence of the three types of violence. For violence during the past year, reports of verbal abuse were lowest



among women aged 20–24 (18%) compared to women aged 15-19 and 30-34 (25% and 25%, respectively). Reported physical violence in the past year was highest among 15-19 year olds (11%) compared to other age groups. No variation by age was found in reported sexual violence during the past year. Previously married women reported significantly higher percentages of lifetime violence compared to currently married women (see also Figure 15.4). For example, whereas 31% of previously married women reported physical violence at some time in their lives by a husband or partner, this was reported by 8% of women who were currently married or in union (Figure 15.4). Likewise, 19% of women previously married or in union reported ever having experienced forced sex by a husband or partner compared to 2% of currently married women. This pattern was not seen for violence during the past year; in fact, a greater proportion of currently married women reported verbal abuse during the past year compared to previously married women. Presumably, this pattern is affected by exposure to the risk of violence, with previously married women having less recent exposure than currently married women as they have been separated or divorced in the past year. Also, as the culture of silence surrounds intimate partner violence, a sense of freedom of expression might be experienced by divorced or separated women.

Reported violence in the two time frames varied somewhat by other characteristics of Albanian women. Higher parity was associated with greater proportions of lifetime and current verbal abuse; lower levels of education were associated with greater prevalence of lifetime and past year verbal and physical violence; and lower socioeconomic status was significantly associated with higher prevalence of lifetime and past year verbal abuse. Little

variation was found according to whether women were currently employed. This might be explained by the results of one study in Albania showing that the financial contribution of women does not increase or decrease their status inside the family (Baban et al., 2003)

Table 15.3A shows women's reports of individual acts of physical violence from a current or past husband or partner in their lifetime and in the past year. Acts of physical violence are classified into "moderate" and "severe" forms of physical violence. Overall, women reported moderate forms of physical violence more commonly than severe forms, regardless of women's characteristics. Slapping or twisting the arm was the single most commonly reported act of physical violence. Among the severe forms of physical violence, hitting with a fist or with something else and kicking, choking, or beating were reported more commonly than threatening with a knife or weapon. Previously married women reported the highest prevalence of all acts of lifetime physical violence. No individual characteristics stood out as strongly associated with individual types of violence in the past year.

Male Infliction of Intimate Partner Violence

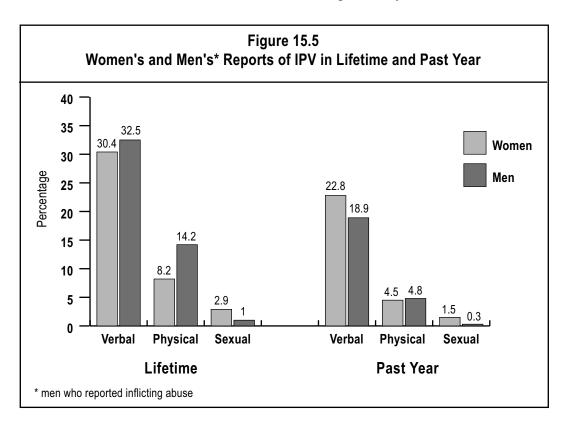
Albanian men also responded to the same elements of the CTS, but were asked about their experience of having inflicted the different types of violence on a current or former wife or partner. While evidence suggests that women also direct physical violence at men, most research has shown that men inflict violence against women far more often than the reverse (WHO, 2001). Table 15.2B shows that overall, 33% of men reported ever having committed verbal abuse against an intimate partner, 14% reported have inflicted physical abuse, and

1% admitted having forced unwanted sex. During the past year, 19% of men reported inflicting verbal abuse, 5% physical violence, and 0.3% sexual violence against a current or former partner.

As shown in Figure 15.5, women's reports of violence received and men's reports of violence inflicted were similar. Reports of lifetime verbal abuse did not differ significantly, and were only slightly higher among women than men in the past year. Women did report a lower proportion of lifetime physical violence (8%) compared to the proportion of men who reported having inflicted violence (14%), However, the two sexes reported the same level of physical violence received and inflicted during the past year. Finally, slightly higher proportions of women reported forced sex both in their lifetime and in the past year compared to reported infliction of forced sex by men. It is important to note when interpreting these data that the female and male samples were independent and

therefore do not represent couple-level data. Nevertheless, the notable finding that a greater proportion of men reported infliction of physical violence compared to the proportion of women who reported receiving physical violence during their lifetime could point to reluctance on the part of women to report such incidents to a survey interviewer.

Table 15.2B shows that, among Albanian men, having perpetrated violence was not strongly associated with residence, similar to women. Men's reports of having inflicted verbal abuse or physical violence in their lifetime increased with men's age, as did recent physical violence (with the exception of men aged 20-24 likely due to small sample size in this age group (n=33). Men's reports of ever having perpetrated verbal and physical violence and of infliction of violence during the past year increased with parity and was inversely related to education and socioeconomic status, a pattern similar to that reported by women.



In Table 15.3B, men's reports of specific acts of physical violence, categorized into "moderate" and "severe" violence, are similar to the responses of women with the exception of a greater proportion of "moderate" violence reported to have been inflicted by men at some time in their lives, compared to that reported by women. Whereas 5% of women reported that a partner had pushed, shaken, shoved or thrown something at her, this act was reported by 9% of men. Likewise, 8% of women reported having been slapped or having had her arm twisted, compared to a reported 13% of men saying they had inflicted this type of physical violence. Women's and men's reports of severe physical violence during over lifetime and of specific acts of physical violence during the past year did not differ significantly.

Regarding the association of selected characteristics of men with infliction of specific acts of physical violence, rural residents reported somewhat lifetime levels of having pushed, shook, or thrown something at a partner compared to urban residents. Also among men, reports of having inflicted moderate violence over the lifetime increased with age, parity, lower educational level, and low socioeconomic status. For past year violence, reported infliction of moderate violence was slightly higher among men with higher parity, lower education, and low socioeconomic status. These associations were not found for severe acts of violence.

Characteristics of Physical or Sexual Violence Experienced by Women in the Past Year

Women who experienced physical or sexual violence during the past year were asked how many episodes of violence had occurred during the past year, and if they had any physical injuries as a result of the violence.

This data is presented by type of abuse in Table 15.4. From one-third (36%) to one-half (52%) of women suffering physical or sexual abuse in the past year reported that the abuse happened at least four times. Another one-fifth (20%) to almost one-third (28%) said they did not remember how many times the abuse occurred which may indicate multiple episodes. Among women who reported physical violence in the past year, 44% reported swelling, bruises, cuts or other physical injury.

Women who had experienced abuse during the past year were asked whether they talked to anyone about the violence (Table 15.5). Just over half the abused women (54%) responded that they did not talk to anyone. A greater proportion of residents of rural areas reported that they did not talk to anyone compared to urban residents, particularly those in Metro Tirana. Also less likely to have talked to someone were women with incomplete secondary education or less, and those with low socioeconomic status. Whereas 47% of women with medium or high socioeconomic status reported not talking to someone, this was true of 61% of women with low socioeconomic status.

Women who reported having talked to someone about the physical or sexual violence abuse identified most frequently family members or friends as the person(s) to whom they turned (Table 15.6), with 52% responding that they talked to their mother, 39% stating that they talked to a member of their husband's family, and 32% reporting that they turned to another relative. Only 10% reported that they went to the police, 8% talked to a doctor, and 3% talked to a legal advisor. When the data were stratified by individual characteristics, denominators were too small to detect significant differences.

Generally, rural residents and older women reported with greater frequency that they talked to their mother or another family member compared to urban and younger residents, who reported more often talking to a friend

Women who reported that they did not talk to a doctor/medical worker, the police, or a legal advisor about the violence were asked the main reason why they did not (Table 15.7). The most common responses included one third of the women (33%) who reported that they felt it would be of no use or would not do any good and 28% who reported that violence is normal and there was no need for her to complain. Other responses included that the woman did not know where to seek help (9%), fear of divorce or ending the relationship (7%), and fear of more beatings or other retaliation (7%). Reasons given by residence were similar but rural women were somewhat more likely to say that "they did not know where to seek help." The same was true of women classified as "low socioeconomic status" The results presented here reiterate the need of improving legislation and strengthening the training of police, legal advisers and health care workers. Also information. education, communication activities on IPV should be promoted.

Women's Attitudes and Beliefs about the Effects of Violence

Women who had ever experienced physical or sexual violence were asked questions about the violence and how they believed it affected them or their children. First, women were asked to tell the interviewer about the circumstances surrounding the violence. Situations commonly identified by women, shown in Table 15.8, included the partner being drunk (42%), financial troubles (41%) or when the husband/

partner was unemployed (37%); when there were "family problems" (21%) or when the husband/partner was jealous (32%).

Women who had ever experienced physical or sexual violence were also asked whether they believed the incidents affected their health. Almost half the women (47%) (data not shown) agreed that they had experienced some health effect of violence, with commonly cited affects being sleep disorders, depression, low self-esteem, and physical injuries. Physically or sexually abused women who had living children were asked if they thought the children were affected by the violence. Almost one third (31%) responded that they did think the children were affected. Effects on children most commonly cited by women included having witnessed the violence, living in fear, and decreased learning abilities of the children (data not shown).

All women who experienced any form of abuse were also asked whether they would want to know the hotline number in Metro Tirana where they could ask advice about domestic violence. Overall, 12% wanted to know the hotline number, with some differences by residence, age group, education, and socioeconomic status of the woman (Table 15.9).

All women were also asked their attitudes about situations in which it might be justifiable for a man to hit or beat his wife (Table 15.10). Most common agreement in urban areas was if she asked if he had other girlfriends (47%), she neglects the children (23%) and she dresses too sexy (18%). In rural areas, the top three areas of agreement were the same but at a higher level; asking if he has other girlfriends (69%), she neglects the children (42%), she looks too "sexy" (34%) or she goes

out without telling him (34%). The same pattern was seen by level of education. The data presented here show that IPV should be considered as an important public health problem in Albania.

Prevalence of Forced Sexual Intercourse

Every Albanian woman who participated in the Reproductive Health Survey was asked about her experience of forced sexual intercourse against the her will at any time in her life, her age the first time this occurred, and her relationship to the person who forced the unwanted sex. For these questions, forced sexual intercourse was defined in the questionnaire as including vaginal, anal, and/or oral penetration. In examining the data resulting from these questions, it is important to keep in mind the probability of underreporting due to the sensitivity of the subject and the potential shame and social stigma associated with reporting sexual violence in a standardized interview. Although it is not possible to estimate the amount of underreporting on these questions, it is possible to assert that the data resulting from these questions represents a low-end estimation of the true prevalence of sexual violence among Albanian women. Another reason for underreporting is that violence and sex within marriage are almost never discussed within Albanian culture and sometimes sexual intercourse is used to decrease violence or the man's anger. Also, women may feel that sexual intercourse is

to fulfill their duties within a marriage. Women in Albania generally do not have sexual autonomy and negotiation skills do not exist (Baban et al., 2003; Lesko et al., 2003). Questions to evaluate the power of negotiation were not included in this survey, but should be in future surveys.

A total of 2% of Albanian women reported ever having experienced forced intercourse against their will. In comparison to other countries of the region, this percentage is quite low (data not shown). Since the numerator was so small when the data were disaggregated by characteristics of the women, no significant differences were found. Previously married women did report a higher prevalence (16%), as did women with four or more children (5%).

The data indicate that almost three quarters of women who experienced forced sex reported that they were older than 19 years of age at first forced sex (73%), compared to 18% of women who reported that forced sex occurred for the first time at ages 19 and under. Almost 10% did not reveal their age. Finally, over 80% of women reported that the perpetrator of forced sex was a husband or partner, 9% reported that the perpetrator was an ex-husband or partner, and 3% stated that the perpetrator was a boyfriend. It is notable that no women reported forced sexual intercourse by a casual partner or stranger.

Table 15.1 A
Percentage of Women Aged 15–44 Who Witnessed or
Experienced Parental Abuse by Selected Characteristics
Reproductive Health Survey: Albania 2002

Characteristics	Witnessed Abuse	Experienced Abuse	No. of Cases*
Total	11.5	27.3	5,686
Strata			
Metro Tirana	7.7	22.0	2,105
Other Urban	9.9	25.2	1,811
Other Rural	13.6	29.9	1,770
Residence			
Urban	9.3	24.4	3,565
Rural	13.2	29.4	2,121
Age Group			
15–19	10.6	28.9	1,091
20–24	14.3	28.3	934
25–29	10.5	27.3	946
30–34	9.8	26.4	1,065
35–39	12.3	26.6	956
40–44	12.0	25.4	694
Marital Status			
Married/Previously Married	12.2	26.7	4,046
Never Married	10.2	28.4	1,640
Living Children			
0	11.3	28.2	1,938
1	10.0	23.8	828
2	11.3	26.1	1,838
3	11.8	27.7	793
4 +	15.5	32.2	289
Education Level			
Primary or Less	14.1	31.2	2,514
Secondary Incomplete	7.7	23.1	651
Secondary Complete	9.4	23.3	1,826
Post-Secondary	6.8	20.1	695
Socioeconomic Index			
Low	14.7	31.1	1,933
Medium	9.6	24.6	2,982
High	7.0	23.5	771
Employment			
Working	8.4	20.4	1,116
Not Working	12.1	28.5	4,570

^{*} Excluding 9 cases who did not live with 2 parents and 2 cases without information

Table 15.1 B Percentage of Men Aged 15-49 Who Witnessed or **Experienced Parental Abuse by Selected Characteristics** Reproductive Health Survey: Albania 2002

Characteristics	Witnessed Abuse	Experienced Abuse	No. of Cases*
Total	47.4	66.8	1,739
Strata			
Metro Tirana	37.3	58.7	717
Other Urban	47.8	62.5	547
Other Rural	51.2	72.5	475
Residence			
Urban	43.2	60.3	1,154
Rural	51.1	72.5	585
Age Group			
15–19	47.5	68.3	401
20–24	45.1	65.4	188
25–29	44.0	68.0	218
30–34	45.9	63.1	253
35–39	49.7	70.2	255
40–44	48.1	64.0	277
45–49	52.3	68.3	147
Marital Status			
Married	49.1	67.4	1,023
Previously Married	**	**	14
Never Married	44.9	65.7	702
Live Children			
0	44.8	66.6	814
1	45.0	62.8	221
2	47.7	64.3	468
3	54.3	69.1	167
4 +	57.2	81.0	69
Education Level			
Primary or Less	52.3	71.6	689
Secondary Incomplete	45.5	68.6	199
Secondary Complete	46.6	65.6	625
Post-Secondary	26.5	43.8	226
Socioeconomic Index			
Low	51.5	69.4	638
Medium	46.4	66.7	814
High	33.1	55.3	287
Employment			
Working	46.2	67.3	912
Not Working	48.6	66.3	827

^{*} Excludes 1 case who did not live with 2 parents
** Percentages are not shown when base is less than 25 cases

Table 15.2 A

Percentage Who Reported Intimate Partner Violence (IPV) in Their Lifetime and Percentage Who Reported Intimate Partner Violence in The Last Year, by Type of Abuse and Selected Characteristics, among Women Aged 15–44 Ever Married or in Union Reproductive Health Survey: Albania 2002

	Reproduct	Lifetime				V During Th	e Last Ye	ar
	Verbal	Physical	Sexual	No. of	Verbal	Physical		No. of
Characteristics	Abuse	Abuse	Abuse	Cases	Abuse	Abuse	Abuse	
Total	30.4	8.2	2.9	4,049	22.8	4.5	1.5	4,049
Strata								
Metro Tirana	30.4	8.8	3.2	1,476	20.9	4.6	1.6	1,476
Other Urban	33.0	8.8	2.7	1,331	24.8	4.1	1.2	1,331
Other Rural	28.9	7.7	2.9	1,242	22.1	4.7	1.7	1,242
Residence								
Urban	32.8	9.0	2.9	2,545	24.0	4.2	1.4	2,545
Rural	28.5	7.6	2.8	1,504	21.8	4.7	1.7	1,504
Age Group								
15–19	25.0	10.6	2.7	98	25.0	10.6	2.7	98
20–24	20.5	6.0	1.6	505	18.0	4.2	1.0	505
25–29	30.5	10.5	3.4	822	23.7	6.4	2.5	822
30–34	35.0	9.3	3.5	1,017	25.4	4.6	1.9	1,017
35–39	31.8	7.7	2.7	928	22.2	3.3	0.9	928
40–44	30.9	6.7	2.7	679	22.3	3.2	1.1	679
Marital Status								
Married	29.9	7.5	2.4	3,963	23.2	4.5	1.5	3,963
Previously Married	45.8	31.2	18.9	86	7.1	4.0	3.5	86
Living Children								
0	18.8	6.9	2.7	299	17.0	3.7	1.3	299
1	28.1	8.9	2.7	828	20.6	5.3	1.2	828
2	30.2	7.4	2.7	1,837	22.3	4.2	1.3	1,837
3	34.0	9.6	2.5	794	25.2	4.5	1.6	794
4 +	35.7	8.2	4.8	291	27.2	4.6	3.1	291
Education Level								
Primary or Less	31.4	9.0	3.1	1,863	24.0	5.4	2.0	1,863
Secondary Incomplete	31.8	13.7	6.8	246	22.6	6.7	3.3	246
Secondary Complete	29.8	6.5	2.0	1,514	21.9	2.8	0.6	1,514
Post-Secondary	24.2	5.4	2.0	426	16.7	2.7	0.7	426
Socioeconomic Index								
Low	32.3	8.6	2.7	1,458	24.7	5.1	1.7	1,458
Medium	29.7	8.3	3.2	2,063	22.1	4.2	1.6	2,063
High	24.4	6.0	2.0	528	16.5	2.5	0.6	528
Employment								
Working	29.5	8.4	4.5	890	19.8	3.5	1.6	890
Not Working	30.6	8.2	2.5	3,159	23.4	4.7	1.5	3,159

^{*} Data are missing for 4 ever married women who were not asked about violence

Table 15.2 B

Percentage of Men Who Reported Perpetration of Intimate Partner Violence (IPV) in Their Lifetime And Percentage Who Perpetrated Intimate Partner Violence in The Last Year by Type of Abuse and Selected Characteristics, among Men Aged 15–49 Ever Married or in Union Reproductive Health Survey: Albania 2002

		Lifetime	IPV		IP\	/ During The	Last Yea	<u>r</u>
Characteristics	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases
Total	32.5	14.2	1.0	1,037	18.9	4.8	0.3	1,037
Strata								
Metro Tirana	30.6	16.9	1.9	430	15.1	6.9	1.4	430
Other Urban	35.2	13.3	0.9	321	20.8	4.7	0.0	321
Other Rural	31.6	13.7	0.6	286	19.4	4.1	0.0	286
Residence								
Urban	33.5	14.7	1.4	682	18.7	5.5	0.6	682
Rural	31.6	13.8	0.6	355	19.1	4.2	0.0	355
Age Group *								
20–24	21.7	13.5	6.1	33	20.5	13.5	4.9	33
25–29	16.1	7.1	1.7	128	11.5	2.0	0.6	128
30–34	29.3	9.7	0.4	216	20.3	3.4	0.2	216
35–39	33.8	11.7	8.0	243	21.6	4.2	0.0	243
40–44	39.0	17.2	8.0	273	21.5	4.4	0.0	273
45–49	39.9	23.5	0.6	144	16.3	7.9	0.0	144
Living Children								
0	11.8	5.0	1.1	112	8.4	2.2	0.7	112
1	28.3	9.2	1.8	221	19.3	5.1	8.0	221
2	37.7	14.4	1.0	468	22.8	5.3	0.1	468
3	36.0	19.5	0.4	167	15.8	2.6	0.0	167
4 +	34.2	22.3	0.0	69	19.7	9.1	0.0	69
Education Level								
Secondary Incomplete or Less	35.0	16.5	1.5	433	21.5	6.5	0.5	433
Secondary Complete or More	29.9	11.9	0.4	604	16.3	3.0	0.0	604
Socioeconomic Index								
Low	36.4	16.1	1.1	405	21.8	5.9	0.1	405
Medium	28.9	13.1	0.6	464	17.7	4.3	0.2	464
High	27.5	9.5	1.9	168	9.7	1.5	1.5	168
Employment								
Working	33.1	14.7	0.5	710	18.7	4.0	0.3	710
Not Working	31.5	13.4	1.7	327	19.3	6.0	0.2	327

 $^{^{\}star}$ No ever-married men ages 15–19 were in the sample

Table 15.3 A

Percentage Who Reported Lifetime Physical Violence and Recent Violence by Severity of Violent Act by Selected Characteristics, among Women Aged 15–44 Ever Married or in Union

Reproductive Health Survey: Albania 2002

	Lif	etime Ph	ysical Vio	lence		Physical	Violence	During Tl	ne Last Ye	ar	
	Moderat	е		Severe		Moderat			Severe		
Characteristics	Pushed You, Shook You, Shoved You, or Threw Something at You	Slapped You or Twisted Your Arm	Hit You With a Fist or With Something Else	Kicked You, Choked You or Beat You up	Threatened You With a Knife or Other Weapon	Pushed You, Shook You, Shoved You, or Threw Something at You	Slapped You or Twisted Your Arm	Hit You With a Fist or With Something Else	Kicked You, Choked You or Beat You up	Threatened You With a Knife or Other Weapon	No. of Cases'
Total	4.6	7.8	2.3	1.8	0.6	2.5	4.2	0.9	0.8	0.3	4,049
Strata											•
Metro Tirana	4.2	8.6	2.4	1.8	0.3	2.2	4.1	1.2	1.2	0.2	1,476
Other Urban	5.1	8.2	2.7	2.0	0.8	2.5	3.8	1.1	0.9	0.1	1,331
Other Rural	4.5	7.3	2.0	1.6	0.5	2.6	4.5	0.7	0.6	0.3	1,242
Residence											
Urban	4.8	8.5	2.7	2.0	0.6	2.3	3.8	1.1	1.0	0.2	2,545
Rural	4.4	7.2	2.0	1.6	0.5	2.6	4.5	0.8	0.6	0.3	1,504
Age Group											
15–19	4.7	10.6	0.4	0.4	0.0	4.7	10.6	0.4	0.4	0.0	98
20–24	3.0	6.0	2.6	1.3	0.5	1.8	4.2	1.3	0.8	0.1	505
25–29	6.8	10.0	3.2	2.4	0.8	4.8	6.1	1.4	1.5	0.5	822
30–34	4.6	8.3	2.5	2.4	0.9	2.4	4.3	1.2	1.1	0.5	1,017
35–39	5.3	7.2	2.3	1.8	0.3	2.2	2.8	0.7	0.5	0.3	928
40–44	2.9	6.6	1.4	1.0	0.4	1.0	3.1	0.3	0.3	0.0	679
Marital Status											
Married	3.9	7.0	1.8	1.2	0.4	2.5	4.2	0.8	0.7	0.2	3,963
Previously Married	25.9	31.2	17.2	19.0	7.7	4.0	4.0	4.0	3.4	2.6	86
Living Children											
0	5.5	6.2	2.6	1.1	0.3	2.7	3.4	0.5	0.4	0.0	299
1	5.6	8.4	3.1	2.9	1.1	3.1	5.1	1.4	0.9	0.6	828
2	4.5	6.9	2.3	1.5	0.5	2.6	3.8	1.0	0.9	0.1	1,837
3	4.0	9.3	1.6	1.2	0.4	1.7	4.4	0.5	0.6	0.2	794
4 +	3.8	7.7	1.9	2.2	0.5	2.5	4.2	1.0	1.1	0.5	291
Education Level											
Primary or Less	4.8	8.5	2.6	1.8	0.7	2.8	5.2	0.9	0.7	0.3	1,863
Secondary Incomplete	8.7	13.0	2.1	3.9	0.6	2.8	6.7	1.0	1.5	0.6	246
Secondary Complete	3.8	6.2	1.9	1.5	0.5	1.9	2.5	0.9	8.0	0.2	1,514
Post-Secondary	3.3	5.1	1.8	1.3	0.0	2.5	2.3	1.3	0.9	0.0	426
Socioeconomic Index	(
Low	4.5	8.1	2.1	1.6	0.7	2.8	4.8	0.6	0.7	0.2	1,458
Medium	4.9	7.8	2.7	2.1	0.6	2.3	4.0	1.3	0.9	0.4	2,063
High	3.2	5.5	1.2	0.9	0.0	1.8	2.2	0.6	0.6	0.0	528
Employment											
Working	5.8	7.9	3.0	2.4	0.5	2.2	3.3	1.1	0.9	0.2	890
Not Working	4.3	7.7	2.2	1.6	0.6	2.6	4.4	0.9	0.8	0.3	3,159

^{*} Data are missing for 4 ever married women who were not asked about violence

Table 15.3 B

Percentage Who Reported Inflicting Lifetime Physical Violence And Recent Violence by Severity of Violent Act and Selected Characteristics, among Men Aged 15-49 Ever Married or in Union

Reproductive Health Survey: Albania 2002

	Physical	Violence	е	Physica	al Violen	ce During	g the La	ist Year			
	<u>Mode</u>	rate		Severe	e	Moder	ate		Sever	е	
Characteristics	Pushed, Shook, or Shoved, or Threw Something at Partner	Slapped or Twisted Partner Arm	Hit With a First or With Some- thing Else	Kicked, Choked or Beat Partner	Threatened Partner With a Knife or Other Weapon	Pushed, Shook, or Shoved, or Threw Something at Partner	Slapped or Twisted Partner Arm	Hit With a First or With Some- thing Else	Kicked, Choked or Beat Partner	Threatened Partner With a Knife or Other Weapon	No. of Cases
Total	9.0	13.1	3.6	1.4	0.1	2.7	4.6	0.4	0.6	0.0	1,037
Strata											
Metro Tirana	7.5	14.6	3.5	8.0	0.4	2.5	6.7	1.4	0.4	0.0	430
Other Urban	6.1	12.7	3.3	0.3	0.0	2.0	4.7	0.0	0.0	0.0	321
Other Rural	11.2	12.7	3.9	2.3	0.0	3.1	3.7	0.3	1.1	0.0	286
Residence											
Urban	6.6	13.6	3.4	0.5	0.2	2.1	5.5	0.6	0.2	0.0	682
Rural	11.0	12.6	3.8	2.1	0.0	3.2	3.8	0.3	1.0	0.0	355
Age Group *											
20–24	6.8	7.7	4.5	2.1	0.0	3.3	4.2	2.2	0.2	0.0	161
25–29	5.3	9.7	2.3	1.1	0.1	1.4	3.8	0.2	0.5	0.0	459
30–34	13.5	18.7	4.6	1.4	0.1	3.7	5.4	0	0.9	0.0	417
Marital Status											
Married	9.0	13.1	3.6	1.4	0.1	2.7	4.6	0.4	0.6	0.0	1,023
Previously Married	3.7	12.1	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14
Living Children											
0	3.0	4.6	0.4	0.0	0.0	1.5	2.2	0.0	0.0	0.0	112
1	4.1	8.6	3.7	1.8	0.0	1.7	5.1	1.1	1.0	0.0	221
2	7.5	13.1	2.9	1.4	0.2	2.6	5.3	0.5	0.6	0.0	468
3	15.6	18.7	8.2	2.5	0.0	2.3	2.6	0.2	1.0	0.0	167
4 +	17.1	19.3	1.2	0.0	0.0	6.8	6.9	0.0	0.0	0.0	69
Education Level											
Primary or Less	10.2	15.0	3.6	2.2	0.1	3.8	6.1	0.9	1.2	0.0	433
Secondary Incomplete	7.7	11.1	3.6	0.6	0.1	1.5	3.0	0.0	0.0	0.0	604
Socioeconomic Index	(
Low	10.7	14.6	3.5	2.4	0.0	3.8	5.4	0.2	1.3	0.0	405
Medium	8.2	12.7	3.5	0.5	0.2	1.6	4.3	0.5	0.0	0.0	464
High	3.5	7.3	4.6	0.0	0.0	1.5	1.5	1.5	0.0	0.0	168
Employment											
Working	9.2	13.8	4.9	1.2	0.1	1.9	4.0	0.6	0.6	0.0	710
Not Working	8.6	12.0	1.5	1.7	0.0	4.0	5.4	0.1	0.7	0.0	327

^{*} No ever-married men ages 15-19 were in the sample

^{**} Percentages are not shown when base is less than 25 cases

Table 15.4
Percent Distribution of Number of Incidents of Physical Abuse by Type of Abuse and Percentage Resulting in Physical Injuries Among Women Who Were Physically Abused During The Past Year Women Aged 15–44 Ever Married or in Union Reproductive Health Survey: Albania 2002

		Num	ber of I	nciden	ts Past Year			% With	
Type of Abuse	1	2	3	4+	Don't Remember	Refused	Total	Physical Injuries	No. of Cases
Pushed, Shook, Shoved or Threw Something at you	3.5	9.1	11.7	52.4	20.3	3.0	100.0	33.4	101
Slapped You or Twisted Your Arm	10.0	16.7	4.5	35.9	22.6	10.2	100.0	19.4	172
Hit You	8.7	9.4	4.1	48.0	27.8	2.0	100.0	56.3	43
Threatened You With a Knife or Other Weapon	**	**	**	**	**	**	**	**	8
Kicked You, Choked You or Beat You up	11.7	7.9	5.6	44.0	22.8	8.0	100.0	73.5	38
Forced you to Have Sexual Relations	3.3	19.5	10.0	43.2	22.0	1.9	100.0	24.3	65

^{**} Percentages are not shown when base is less than 25 cases.

Table 15.5
Women Who Were Physically Abused by an Intimate Partner During The Past Year Who Talked to Anyone About This Incident of Violence by Selected Characteristics
Reproductive Health Survey: Albania 2002

		e About Violence istribution)		
Characteristics	Yes	No	Total	No. of Cases
Total	46.2	53.8	100.0	200
Strata				
Metro Tirana	56.3	43.7	100.0	71
Other Urban	48.2	51.8	100.0	62
Other Rural	42.4	57.6	100.0	67
Residence				
Urban	51.5	48.5	100.0	119
Rural	42.4	57.6	100.0	81
Age Group				
15–24	54.3	45.7	100.0	40
25–34	43.9	56.1	100.0	101
35+	45.1	54.9	100.0	59
Education Level				
Secondary Incomplete or Less	42.0	58.0	100.0	143
Secondary Complete or More	59.2	40.8	100.0	57
Socioeconomic Index				
Low	39.5	60.5	100.0	93
Medium/High	52.9	47.1	100.0	107

Violence Against Women

Percentage of Women Who Were Physically Abused by an Intimate Partner During The Past Year Who Discussed the Abuse With Other Persons by Type of Person

by Selected Characteristics Reproductive Health Survey: Albania 2002

		Husband's	Other				Doctor/ Health		Legal	No. of
Characteristics	Mother	Family	Relative	Friend	Police	Neighbor	Provider	Children	Adviser	Cases
Total	51.9	38.9	31.6	25.7	9.5	8.5	8.1	6.4	2.7	26
Strata										
Metro Tirana	37.5	23.8	38.8	20.1	2.2	9.6	11.4	9.6	0.0	39
Other Urban	50.4	38.1	31.3	34.1	2.9	0.0	9.6	6.5	3.5	30
Other Rural	67.9	44.8	29.2	23.0	15.9	13.0	6.2	9.9	3.1	28
Residence										
Urban	45.3	32.4	34.3	29.4	2.8	3.9	10.9	6.5	2.3	63
Rural	57.4	44.4	29.4	22.6	15.2	12.4	5.9	6.3	3.0	34
Age Group										
15–29	43.2	43.1	22.6	24.9	14.1	10.7	7.4	0.0	3.6	46
30–44	59.0	35.5	39.1	26.4	5.7	8.9	8.7	11.6	1.9	51
Education Level										
Secondary Incomplete or Less	52.6	41.5	29.4	18.8	7.3	7.1	5.1	4.0	0.0	63
Secondary Complete or More	50.3	33.0	36.6	41.2	14.4	11.8	15.0	11.8	9.8	34
Socioeconomic Index										
Low	46.3	61.0	31.2	18.4	7.4	3.6	8.4	7.9	3.8	39
Medium/High	56.1	22.1	32.0	31.3	11.1	12.2	8.0	5.2	1.8	28

Percentage Distribution of Women Who Were Ever Physically Abused by an Intimate Partner Who Did not Report the Abuse to a Health Provider, Police, or Lawyer by reasons for Not Reporting The Abuse by Residence and Socio-Economic Index Reproductive Health Survey: Albania 2002

		Residence	lence	Socioeco	Socioeconomic Index
Main Reason no Legal/Medical Help	Total	Urban	Rural	Low	Medium/High
No Use Would Not do Any Good	32.5	31.5	33.3	30.2	35.0
Violence is Normal /No Need to Complain	27.72	30.0	26.1	27.7	27.7
Did not Know Where to Seek Help	0.6	5.5	11.6	13.4	4.2
Afraid of Divorce	7.1	8.9	7.4	6.5	7.8
Afraid of More Beatings	6.5	6.2	6.7	8.4	4.3
Bring Bad Name to Family	4.7	5.2	4.3	4.5	4.9
Embarrassed	3.8	5.2	2.8	3.7	3.9
Thought Would Not be Taken Seriously	2.8	4.4	1.7	1.2	4.6
Thought she Would be Blamed	1.1	2.6	0.0	0.0	2.3
Afraid of Losing the Children	1.0	0.0	1.8	2.0	0.0
Don't Know/Refused	3.8	2.7	4.5	2.3	5.3
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	189	113	92	91	86

Table 15.8
Situations That Make Partner Violent as Reported by Women
Who Were Physically Abused by an Intimate Partner
During The Past Year by Residence
Reproductive Health Survey: Albania 2002

		Reside	ence
Characteristics	Total	Urban	Rural
Husband/Partner is Drunk	42.0	42.6	41.4
Family Has Financial Troubles	40.5	38.7	42.1
Husband/Partner is Unemployed	36.7	35.8	37.6
Husband/Partner is Jealous	32.3	33.0	31.7
There Are Family Problems	21.4	24.7	18.3
She Does Not Look After Children	20.1	15.4	24.4
Husband/Partner Acts According to Kanun	12.4	10.8	13.8
Husband/Partner Does Not Have Food at Home	9.8	10.0	9.7
She is Unemployed/Has no Income	8.9	6.1	11.4
Husband/Partner Cannot Get Alcohol/Drugs	3.8	4.3	3.3
She is Pregnant	2.6	2.7	2.6
Other—Partner Violence	0.6	0.5	0.8
No. of Cases	352	241	111

Table 15.9

Percentage of Women Aged 15–44 Ever Married or in Union Who Ever Experienced Any Form of Abuse Who Want to Know of The Tirana Hotline Number Where They Can Ask Questions About Violence Against Women Reproductive Health Survey: Albania 2002

		age Who ina Hotline Number		
Characteristics	Yes	No	Total	No. of Cases
Total	12.1	87.9	100.0	1,275
Strata				
Metro Tirana	15.2	84.8	100.0	451
Other Urban	15.3	84.7	100.0	447
Other Rural	9.1	90.9	100.0	377
Residence				
Urban	15.3	84.7	100.0	841
Rural	9.3	90.7	100.0	434
Age Grouped				
15–29	16.4	83.6	100.0	397
30–44	10.3	89.7	100.0	878
Education Level				
Secondary Incomplete or Less	10.3	89.7	100.0	688
Secondary Complete or More	15.4	84.6	100.0	587
Socioeconomic Index				
Low	10.5	89.5	100.0	480
Medium/High	13.6	86.4	100.0	795

Table 15.10
Percentage of Women Age 15–44, Who Stated That a Man Has a Right to Hit or Beat His Wife Under The Following Situations by Residence and Education Reproductive Health Survey: Albania 2002

		Residence		Level of Education	
Situation	Total	Urban	Rural	Secondary Incomplete or Less	Secondary Complete or More
She Asks Him if He Has Other Girlfriends	59.8	47.4	69.2	67.8	45.6
She Neglects The Children	33.5	22.5	41.7	40.2	21.4
She Dresses Too "Sexy or Depends Too Much on Her Looks"	27.5	18.4	34.3	33.8	16.2
She Goes Out Without Telling Him	25.8	14.3	34.4	33.1	12.8
She Argues With Him	22.2	13.7	28.6	28.6	10.8
He is Not Happy With Her Care of Household	15.2	8.5	20.2	19.9	6.7
He Finds Out That She Has Been Unfaithful	11.6	6.5	15.4	15.3	5.1
She Refuses to Have Sex	11.4	6.2	15.2	14.6	5.6
No. of Cases	5,697	3,572	2,125	3,172	2,525